





Anchorage School District

Volunteer Application

Volunteers support the Anchorage School District students, teachers, and staff through commitment and service in an effort to ensure students succeed in life. Volunteers encourage and inspire excellence in learning and goal achievement for all!

All personal information will be kept confidential.					
First Name:	MI:	Last Name:			
Address:					
City:		S	tate:	Zip:	
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(WORK)					
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Phone: (home) Best time to call: Mo DOB:	rning	Afternoon _	(ce	ell) ening	
A 'lability Flexible Daytime	1 1	nings ekends		Weekdays: (circle) M T W TH F	
How often will you be able Daily Other:	to offer the ab		\s\ \left[\frac{1}{\chi_0} \right.	Relationship: Monthly	
Please list talents/skills that would be beneficial to ASD					
Experience Do vou bave previous volur	nteer experienc	res. D yes	: T No		