



United Way

St. Philip's School and Community Center Volunteer Application

Personal Information

Date: ____/____/____

Name (Last Name, First)	Social Security No.
Present Address:	City State Zip
Phone No. ()	DOB: / /
Age:	

Program Volunteering For: (check all that apply)

<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Girls Night Out	<input type="checkbox"/> Entrepreneurship
<input type="checkbox"/> Football	<input type="checkbox"/> Boys Night Out	<input type="checkbox"/> Creative Writing
<input type="checkbox"/> Basketball	<input type="checkbox"/> Discover Dallas	<input type="checkbox"/> YES
<input type="checkbox"/> Baseball	<input type="checkbox"/> College Bound	<input type="checkbox"/> Computer Literacy
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Miracles Program	<input type="checkbox"/> After School Care
<input type="checkbox"/> Soccer	<input type="checkbox"/> Kids Café	<input type="checkbox"/> Game Room/Open Court
<input type="checkbox"/> Track	<input type="checkbox"/> Exercise Classes	<input type="checkbox"/> Jewelry Making
<input type="checkbox"/> Fencing	<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Summer Program
<input type="checkbox"/> Tae Kwon Do	<input type="checkbox"/> Senior Programming	<input type="checkbox"/> Teen Council
Other _____		

Working/Volunteer Experience:

Name of Company	
Address:	City State Zip
Phone Number: ()	Supervisor's Name: Dates:

Name of Company	
Address:	City State Zip
Phone Number: ()	Supervisor's Name: Dates:

Name of Company	
Address:	City State Zip
Phone Number: ()	Supervisor's Name: Dates:

Emergency Contact

Person to contact in case of emergency:	
Phone Number: ()	Relationship to Child:

References (other than family members)

Name	Number
Name	Number

Medical History

Any Medical Conditions, Concerns, Allergies if so, please list below:
Medicines (s) currently being used/taken and if so how often/dosage:



I, _____(volunteer), understand that St. Philips has the right to review the above information and do hereby give my consent. I agree that all the above information is true.

Volunteer Signature: _____ Date: _____

