



COMMUNITY VOLUNTEER APPLICATION

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

- What is the best way to contact you?

- Which days and times are best to contact you?

- May we text the cell number provided above? _____ YES _____ NO

- Do you have children who attend St. John Central Grade or High School? _____ YES _____ NO

- If yes, please list their names below:

- If no, what is your relationship to the school?

- In what ways are you most interested in volunteering at our school?

- Are you willing to attend and participate in safe environment and child protection training? _____ YES _____ NO

- Please share below any ideas you may have for the coming school year.

**PLEASE RETURN THIS FORM PROMPTLY TO THE SCHOOL IN PERSON OR
MAIL TO 3625 GUERNSEY STREET BELLAIRE, OH 43906. THANK YOU!**