



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!*

**The Anchorage School District requires that all volunteers be vaccinated for Covid -19.**

**All personal information will be kept confidential.**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this address: \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Temporary

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Best time to call: \_\_\_\_\_ Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening

Have you been vaccinated for Covid-19? Yes \_\_\_\_\_ No \_\_\_\_\_

**Availability**

\_\_\_\_\_ Flexible \_\_\_\_\_ Evenings \_\_\_\_\_ Weekdays: (circle)  
 \_\_\_\_\_ Daytime \_\_\_\_\_ Weekends M T W TH F

How often will you be able to offer the above availability?

\_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly

\_\_\_\_\_ Other: \_\_\_\_\_

Please list talents/skills that would be beneficial to ASD \_\_\_\_\_

**Experience**

Do you have previous volunteer experience? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (cell) \_\_\_\_\_

By signing below, I certify that I have provided the Anchorage School District with accurate information. I understand that failure to provide accurate information may result in the denial of this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_