



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: _____ 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 T H 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: _____