



SUMMER LEARNING INSTITUTE (SLI)

Volunteer Application

Contact Information

Name	
Street Address	
City, ST, ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

Please check all the days and slots you are available for this summer. SLI summer camp volunteers are needed Monday through Friday from 8:45 a.m. to 4:00 p.m. If you have any scheduling conflicts, please note them below.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Special Skills or Qualifications

For us to make the best use of your volunteer time, please summarize your education, work experience, interests and skills. Also, please tell us what your expectations are as a volunteer.

Previous Volunteer Experience

Summarize your previous volunteer experience. If you do not have prior experience, please share relevant experience.

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	E-Mail Address
Work Phone	

Personal References

Name		
Phone Number		E-Mail Address

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

If accepted, all applicants must complete a national background check

Thank you for completing this application form and for your interest in volunteering with us.