



Volunteer Enrollment Form

Personal Information:

If MCS parent, Student Last Name: _____ First Name: _____ Grade: _____

Volunteer Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____ Work Phone: _____

Email: _____ Profession: _____ Education: _____

Please list any skills, talents, or interests you have: _____

Please rate your command of the English language:

_____ Native speaker, _____ Excellent, _____ Good, _____ Fair, _____ Learning

Legal/Background Verification:

Have you ever been convicted of any crime? _____ Yes _____ No

If yes, what was the conviction and its date and location: _____

Do you have any pending charges or are you under any type of investigation? _____ Yes _____ No

If yes, please explain: _____

Preference in Volunteering:

Please indicate in which area(s) you would prefer to volunteer:

- | | |
|----------------------------------|-----------------------|
| _____ Educational Services | _____ Sports |
| _____ Before & After-School | _____ Arts |
| _____ Lunch time assistance | _____ Technology |
| _____ Office work | _____ Kitchen |
| _____ Supervision and monitoring | _____ Events/Programs |

Days and hours you are available for volunteer work:

_____ Before school _____ School Morning _____ Evening _____ Anytime
 _____ After school _____ School Afternoon _____ Weekend