



TREASURE VILLAGE MONTESSORI VOLUNTEER APPLICATION 2014-2015

Name: _____ Date: _____

Address: _____ City: _____ Zip Code: _____

Student Name: _____

Phone Number: _____

E-Mail: _____

Occupation/Employer: _____

Special Interests/Talents/Hobbies: _____

Available/School Hours: _____ After Hours: _____

What activity/program are you interested in volunteering? Which day(s) of the week?

Preferences/Projects:

- Office
- Classroom
- Field Trips
- PE/Health
- School Beautification
- Fundraiser
- Other:

How do you hope to benefit from your volunteer experience?

___ I am aware of the procedures and guidelines for volunteering for TVM. I understand approvals of the volunteer applications are on a yearly basis.

Signature: _____

Thank you for your interest in supporting TVM. **Please return this form to the front office.**
All potential volunteers must complete a background check.

FOR SCHOOL USE ONLY	<input type="checkbox"/> APPROVED FOR THE 2014-2015 SCHOOL YEAR	<input type="checkbox"/> NOT APPROVED
DATE: _____	SIGNATURE: _____	TITLE: _____
PRINT NAME: _____		

Treasure Village Montessori's Mission

Treasure Village Montessori nurtures a love and curiosity for learning while developing students' abilities to be successful, contributing members of society.