

DOUGLAS COUNTY SCHOOL DISTRICT #15
DAYS CREEK CHARTER SCHOOL

VOLUNTEER APPLICATION/CONTACT FORM

GENERAL INFORMATION

Volunteer Name: _____

Address: _____

Cell Phone: _____

Home or Work Phone: _____

Email: _____

INSURANCE INFORMATION (in the event you would become ill or injured while volunteering)

Company: _____

Policy Number: _____

Preferred Doctor: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Cell Phone: _____

Home or Work Phone: _____

VOLUNTEER INTERESTS (list areas of interest...see other side for suggestions)

AVAILABILITY (list preferred days, best times, and how often you are available/interested in volunteering)
