



Together Including Every Student

www.starbridgeinc.org/TIESProgram

Student Volunteer Application

Name: _____ Date: _____

Address: _____

Birthdate: _____ Grade: _____ School: _____

Phone Number: _____ E-Mail Address: _____

Previous Participation in Volunteer Activities: _____

Personal Interests/Hobbies: _____

Personal attributes that would contribute to your ability to provide support to a person with a developmental disability: _____

Are there certain extracurricular/community activities for which you particularly enjoy providing support? _____

What are you hoping to learn from this volunteer experience? _____

Please share with us any information about yourself or your experiences that may be helpful: _____

Please provide two unrelated references that we may contact:

Name: _____

Name: _____

Phone #: _____

Phone #: _____

E-Mail: _____

E-Mail: _____

For Office Use Only

Relationship with the volunteer:

Relationship with the volunteer:

How long have you known the volunteer?

How long have you known the volunteer?

List characteristics of the volunteer
(e.g.: responsible, reliable, etc.):

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Do you have any knowledge of the
volunteer's experience working with
children? Please explain.

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