



Volunteer Application

Name: _____
Last First Middle Maiden

Please check one:
Parent Guardian Grandparent Community Member

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Best time to call: _____

Email address: _____

If you have students attending McCracken County High School, please complete the following info:

Student Name	Age	Grade

In case you have an emergency while YOU are volunteering, who should be contacted?

Name Relationship Phone Number

Would you be willing to work events/programs that may take place after school hours and/or weekends?

If you are unable to volunteer at school, would you be willing to do work at home for school if materials were provided?

Yes No

What days and time are you available to volunteer? _____

Please complete and return the Criminal Records Check and \$10 (if you are a new volunteer) with this application to the Mustangs Youth Services Center at McCracken County High School. After completion of the Volunteer Orientation Training and receipt of the Criminal Records Check results, you will be notified of when you may begin volunteering at the Mustangs Youth Services Center.

Signature: _____ Date: _____