



# After-School Club

## Student Volunteer Information

Name:	Grade: Choose an item.
School:	
Email:	Phone #:

Please list your top three club preferences to support:

1<sup>st</sup> Preference: Choose an item.

2<sup>nd</sup> Preference: Choose an item.

3<sup>rd</sup> Preference: Choose an item.

***If applicable***, describe/list any of your experiences, classes, expertise, or special interests that may be beneficial in supporting our students. (ex. Tutoring, algebra class, babysitting that has taught you behavior management strategies, yearbook/ school editing experience)

\*\*\* Your support will be an essential component of our students' achievement this year. We will depend on your punctuality and dependability throughout the 8 weeks of the session to ensure the success of our students and continued efficacy of our program.