

GREENE COUNTY TECH SCHOOL DISTRICT
CSL Student Volunteer Informational Sheet



Name: _____ Grade: _____

Address: _____

Phone: _____ Date of Birth: _____

Time of availability for community service: _____
(Date and time)

***Person to notify in case of emergency:**

(Parent/Guardian)

Name: _____ Phone: _____

Address: _____

(Other)

Name: _____ Phone: _____

Address: _____

Family Doctor _____ Phone: _____

Special Interests:

- _____ Computers _____ Sign Language _____ Graphics/Design
- _____ Animals _____ Elderly _____ Public Relations
- _____ Art/Music _____ Disabled _____ Recreation/Sports
- _____ Human Services _____ Education/Literacy _____ Skilled Labor
- _____ Boards/Committees _____ Environment _____ Fundraising/ Events
- _____ Bilingual Skills _____ Other (specify) _____

Previous Work Experience/Special Training (i.e., nurse aid, CPR, water safety, special certifications):

Any physical restrictions that limit your ability to volunteer:

Things I do best: _____

Things I would like to learn: _____

Why I want to volunteer: _____

If you have any questions or need additional information please feel free to contact the Community Services Learning (CSL) Coordinator, Ray Stricker, at Greene County Tech School, 4601 Linwood Drive, Paragould, AR 72450 870-215-4460.