

Spark Volunteer Sign Up Form



Personal Information

Full Name: Date of Birth:
Address:
Email: Phone:

Emergency Information

Emergency Contact:
Emergency Contact Phone Number:
Allergies/ Medical Conditions:

I would Like To Volunteer With:

Ages 0-3: Adults: Field Trips:
Ages 3-6: Fundraising: Other:

Availability To Volunteer:

Monday Hours: _____ Tuesday Hours: _____
Wednesday Hours: _____ Thursday Hours: _____
Friday Hours: _____ Weekend Hours: _____

Check Here If You Are A Student Volunteer: ☐

Name Of School:

Grade:

Declaration:

By submitting this form, I confirm that the information provided is accurate. By signing below, I understand that some volunteer opportunities require background checks and failure to meet these may lead to my inability to volunteer.

Signature: