



WALL TOWNSHIP PUBLIC SCHOOLS
P.O. BOX 1199 · 18TH AVENUE
WALL, N.J. 07719-1199
(732) 556 - 2006



Wrap-Around Program
2016-2017 Student Volunteer Application

Name: _____ Grade: _____

Address: _____

*Phone number: _____

Do you attend Wall Township High School ? Yes ___ No ___

Which grade level are you in? Freshman ___ Sophomore ___
Junior ___ Senior ___

Emergency Contact:

Name: _____

Relationship: _____

Address: _____

Home # _____

Cell phone# _____ Work # _____

Email: _____

Please specify the days of the week, and months you would like to work:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

Oct. ___ Nov. ___ Dec. ___ Jan. ___ Feb ___ March ___ April ___ May ___ June ___

At which school would you like to work in?

Central ___ Allenwood ___ West Belmar ___ Old Mill ___ Any ___

Attributes:

(Please list any qualities you feel you can bring to the program.)

Do you have any experience working with children or volunteering? If so please explain:

Please list any hobbies or interests:

Do you have any physical activity limitations or allergies? If yes, please specify:

I hereby certify that I have provided is correct and accurate. I have read and accept the terms stated in the 2015-2016 Wall Wrap-Around Program Staff Handbook.

Volunteer Signature: _____ Date:

Parent/Guardian Signature: _____ Date:

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For Wall Township School District Use:

Approved: _____ Not Approved: _____

Reason for non-approval:

Wrap Supervisor Signature: _____ Date:

Director Signature: _____ Date:
