



**Holy Spirit Catholic Church
Application for volunteer work
High school student form**

Full name: _____ Date of birth: _____

Address: _____

City, State, ZIP _____

Home phone: _____ Cell phone: _____

Email address: _____

Emergency contact name: _____

Emergency contact cell: _____

Previous volunteer experience: _____

1st Choice _____ 2nd Choice _____

Signature: _____ Date: _____

References: (Non-family members who are knowledgeable of your work or service experience.)

Name

Cell number

1) _____

2) _____

3) _____

Approval representative:

Placement:

Official use only

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