



DISTRICT SCHOOL BOARD OF PASCO COUNTY PEER VOLUNTEER APPLICATION

MIS Form #661
Rev. 4/03

_____ - _____
School Year

PLEASE PRINT OR TYPE

DATE: _____ SCHOOL WHERE VOLUNTEERING: _____

STUDENT: _____
Last First Middle

ADDRESS: _____
Number Street City State Zip Code

TELEPHONE NUMBER: () _____ AGE: _____ SEX: Male _____ Female _____

GRADE: _____ SCHOOL ATTENDING: _____

STUDENT SIGNATURE: _____

PARENT SIGNATURE: _____

VOLUNTEER
COORDINATOR
INITIALS

Distribution: White - District Volunteer Program Office
Canary - School Volunteer Program File