



DISTRICT SCHOOL BOARD OF PASCO COUNTY PEER VOLUNTEER APPLICATION

MIS Form #661
Rev. 1/11

Date _____

School Where Volunteering _____

Student _____

Student Number _____

Address _____
Number Street

_____ City State Zip

Telephone Number _____

DOB _____ Sex: Male _____ Female _____

School Attending _____

Grade _____

Student Signature _____

Parent Signature _____

VOLUNTEER
COORDINATOR
INITIALS

DISTRIBUTION: Copy to School SCHOOL: Copy to Volunteer Programs, District Office, via Courier