



Dayton Leadership Academies Volunteer Application

SECTION I

Date _____

Name _____

Address _____ City _____ State _____

Zip _____ Home/cell phone: _____ Work phone: _____

E-mail address: _____

Name(s) of child(ren) who attends DLA: _____

SECTION II

Previous volunteer experience (if any) _____

Occupation (past occupation if retired): _____

Other information that will help us make a good match (such as education, general interests/hobbies) _____

SECTION III

Availability and assignment preferences- *please check all that are applicable:*

Morning (Mon-Fri)

Afternoon (Mon-Fri)

Evening-tutoring (Mon-Fri)

Once a week, what day? _____

Specify what days _____

As needed only

Name of teacher/staff member you would like to be placed with? _____

SECTION IV

Do you have a valid (State) Driver's License (please circle)? Yes No

License number: _____ Vehicle license plate number _____

Have you ever been convicted of violation of any laws, traffic or otherwise? Yes No

If yes, please explain:

**Please note that DLA reserves the right to request a background check.*

Do you have any physical condition(s) that may limit your activities? Yes No

If yes, please describe:

Who should we notify in case of an emergency?

Name _____ Relationship _____

Phone number: _____

SECTION V

[References] Please list three people we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship **other than** personal friend.

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Thank you for your interest and willingness to serve our school community! Please return this form to Mrs. Jennifer Mills, Family & Community Engagement Coordinator.