



Student Volunteer Application Form

Name _____

Home Phone _____

Address _____

Cell Phone _____

Work Phone _____

E-mail address _____

Age _____

Best time to reach me _____

Best way to reach me _____

I am interested in volunteering...

Days of the week _____

Time of the day _____

Approximate hours per week _____

I am volunteering in order to achieve the following: _____

Send letter for community service to: _____ (name)
_____ (organization)
_____ (address)
_____ (phone)

In case of an emergency, please contact...

Name _____

Phone _____

Relationship _____

Please send applications to: **The Toy Town Museum**
PO Box 238
East Aurora, New York 14052

Your information will be kept confidential and not shared with other organizations.