



Volunteer Application

Missouri School for the Blind

3815 Magnolia Avenue

St. Louis, MO 63110

314-776-4320

www.msb.dese.mo.gov

PERSONAL DATA

Name

_____ (Last) (First) (Middle Initial)

Address _____

City, State & Zip Code _____

Home Phone # _____ (Area Code) Work Phone # _____ (Area Code)

Email address: _____ Gender: M F

Date of Birth _____ Social Security # _____

In emergency, notify _____ at _____ (Phone #)

EMPLOYMENT

Current Employer _____

Job Title _____

EDUCATION

Last grade completed: 6 7 8 9 10 11 12 Some College College Graduate Graduate School

Are you presently attending school? Yes No If yes, please give school name & address below:

School _____

Address _____

Name of Volunteer Coordinator _____

VOLUNTEER DATA

PREFERRED ACTIVITIES: _____

SKILLS: _____

AVAILABILITY:

If not on a regular basis, please list the dates you are available to volunteer:

Please indicate the days and times of availability on the chart below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

Please note any exceptions or other information related to your availability:

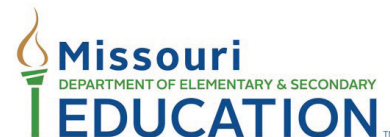
If your volunteer work fulfills a community service requirement, please check here:
If yes, please indicate how many hours must be completed: _____

Signature of Applicant _____

Date _____

PLEASE COMPLETE ALL INFORMATION AND RETURN TO:

Carlie Lee, Director of Community Relations
Missouri School for the Blind
3815 Magnolia Ave.
St. Louis, MO 63110
Ph: 314-633-1562
Fax: 314-776-1875
E-mail: Carlie.Lee@msb.dese.mo.gov



Please note volunteer applicants may be subject to background checks through the Missouri Department of Social Services.

*Thank you for thinking of
Missouri School
for the Blind*