Grant Park Cooperative Preschool

Volunteer Application

Name: _____ Name Used: _____

Birth Date: _____ Age at last birthday: _____

Address: _____ City: _____ Zip Code: _____

Parent's Names: _____

Parent's Contact #:_____

Phone: (H)_____ Cell:_____

Email: _____

Please answer the following questions below:

What skills and/or interests do you bring to this volunteer opportunity?
_____
_____
_____

Why do you feel volunteering at GPCP is a good fit for
you?_____
_____
_____

What do you want to gain through your service at GPCP?
_____
_____
_____

Dates of volunteer experiences_____

Name:_____ Signature: _____

Date_____