



River of Life School – Volunteer Form

Name: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

What ways are you interested in volunteering? (Check all that apply)

_____ Tutoring and Reading with students

_____ Supervising Recess or Lunch

_____ Cleaning at the school

Please check below the days that you are available to volunteer:

_____ Monday _____ Tuesday _____ Wednesday

_____ Thursday _____ Friday

Do you have any special skills to share with the students?

Please list 2 references that we could contact; personal and pastoral:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

All volunteers must undergo a background check.

Please provide the following for a background check:

Drivers License Number: _____

Birthday (Month/Day/Year): _____