

Alachua County Public Schools  
School Volunteer Program

**School Level Volunteer Coordinator Appointment Form**

School: \_\_\_\_\_ School Year: \_\_\_\_\_

If you have more than one volunteer coordinator, please complete the following information for each:

**First**

Name: \_\_\_\_\_ New:  Yes  No

Home Address: \_\_\_\_\_  
Street / City & State w/Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is this person part of the school staff:  Yes  No Position: \_\_\_\_\_

**Second**

Name: \_\_\_\_\_ New:  Yes  No

Home Address: \_\_\_\_\_  
Street / City & State w/Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is this person part of the school staff:  Yes  No Position: \_\_\_\_\_

**Third**

Name: \_\_\_\_\_ New:  Yes  No

Home Address: \_\_\_\_\_  
Street / City & State w/Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Is this person part of the school staff:  Yes  No Position: \_\_\_\_\_

Please return this form to Liz Stark before the end of the school year to the Horizon Center