



Volunteer Services

School-Level Volunteer Coordinator Appointment Form

School _____

Name: _____

Home Address: _____

Phone #'s: Home: _____ Cell: _____ Work: _____

Email: _____

If this is a member of the school staff, please state position: _____



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

Name: _____

Home Address: _____

Phone #'s: Home: _____ Cell: _____ Work: _____

Email: _____

If this is a member of the school staff, please state position: _____

Name: _____

Home Address: _____

Phone #'s: Home: _____ Cell: _____ Work: _____

Email: _____

If this is a member of the school staff, please state position: _____

**Please return this form to Kelley Kostamo
Truck to: Horizon Center or Fax to: 844-828-3505.**