



Date: _____

Volunteer Information

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____ County: _____

Mailing Address: *if different from above* _____

City: _____ Zip: _____ County: _____

Email: _____

All participants will be given a TMS email account to access certain curriculum.

Phone: _____ Cell Phone: _____ (May we text you? If yes, check box.)

Emergency Information

Contact Name: _____ Phone: _____

Address: _____ City: _____ State: _____

Student Services

Please check all areas of interest and list availability.

- Career Coach Graduation Coach Scholarship Coach Entrepreneur Coach
- Tutorials Parent Advocacy Workshops Parent Advocate EOC Prep EOG Prep
- Fundraising IT Support Prayer Team Pre-K (birth-5yrs.) Ready, Set, Read (K-5th)
- Operation MIDDLE (6th-8th) Race to 100 (9th-12th) Speaker's Bureau Media Relations
- Administrative Support

Comments: _____

Other skills or certifications: _____

TMS STAFF ONLY: NCDL#: _____ Social Security#: _____ Verified by: _____

County: _____ LEA Code: _____ Background Check: yes no

School District: _____ NC Cert. Teacher: yes no NBCT: yes no

School Employed at: _____ Concentration: _____