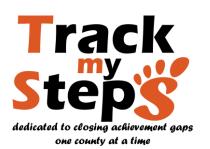
volunteer@trackmysteps.org www.trackmysteps.org



60 Minute Helper 919-295-0595

Date:	-	
Volunteer Information		
Name:		DOB:
Address:		
City:	Zip:	County:
Mailing Address: if different from above	re	
City:	Zip: Co	unty:
Email: All participants will be given a TMS email account to access certain curriculum.		
		(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 IIst 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-5 th) Operation MIDDLE(6 th -8 th) Race to 100(9 th -12 th) 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:yesno		
School District: NC Cert. Teacher:yesno NBCT:yesno		
School Employed at:	hool Employed at:Concentration:	