



VOLUNTEER / VOLUNTEER-TO-SHOP APPLICATION

Apply for: Volunteer

 Volunteer-To-Shop

Date _____

Name _____

Mailing Address _____

City	State	Zip
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Email _____

Phone	Other
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Company/School/Affiliation Name _____

Emergency Contact

Name	Phone	Relationship
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List any health complications or limitations that could limit your activity:

How did you hear about us? _____

Availability (circle and note hours)

M	T	W	TH	F
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Print and mail application to:

Companies to Classrooms
 8301 Grand Ave. South #200
 Bloomington, MN 55420
 Attn: Volunteer Coordinator