



Volunteer Application

PLEASE PRINT

Name _____ Date _____

Mailing Address _____

Home Phone _____ Cell Phone _____

E-mail address (preferred method for correspondence) _____

Yes, I would like to receive updates from the Independence School District

Emergency Contact _____ Phone Number _____

Are you submitting this application as a part of a group?
(i.e. alumni class, church, employees' group, social club)

Yes No If Yes, name of group _____

Do you have specific abilities or skills as related to construction or maintenance? If so, please list.

Do you have access to special tools or donated materials/supplies? Yes No

If yes, please explain. _____

Event Date: Saturday, July 17

School Preference: No preference

I prefer: Truman Glendale Luff Ott Randall

Are you interested in further school year volunteering?

Select a program you find most appealing: YouthFriends Helping Hands Facility Friends

To learn more about each program, visit OurIndependenceSchools.org

COMMENTS? QUESTIONS? CONCERNS?

Call the Project Shine Hotline at 816-521-5502 or email us at projectshineinfo@indep.k12.mo.us

NOT ABLE TO VOLUNTEER? Send monetary donations to the address below, payable to:

"The School District of Independence Foundation, Inc."

PRE-REGISTER ONLINE OR MAIL/FAX BY JULY 14, 2010

After July 14, bring completed application with you to the Project Shine school of your choice the day of the event.

Mail to: Project Shine
3225 S. Noland Rd.
Independence, MO 64055

or fax to:
816-795-0596

Register online:
OurSchoolsShine.org