



**PASCO COUNTY SCHOOLS
PEER VOLUNTEER APPLICATION**

MIS Form #661

Rev. 5/24

Date _____ School Where Volunteering _____

Student Name _____ Student ID Number _____

Address _____
Number Street City State Zip

Telephone Number _____ DOB _____ Sex: Male _____ Female _____

Email address _____

School Attending _____ Grade _____

Emergency Contact _____

Emergency Contact's Telephone Number _____

Please list any allergies or health conditions that we need to be aware of:

Please list any emergency medication(s) you take:

Student Signature _____

Parent Signature _____

**VOLUNTEER
COORDINATOR
INITIALS**

DISTRIBUTION: Copy to the school where you would like to volunteer

VOLUNTEER COORDINATOR/SCHOOL: Copy to Volunteer Programs, via email

(813) 794-2207 www.pasco.k12.fl.us/hreq/page/volunteer