



imani
CREATING A CULTURE OF ACADEMIC SUCCESS

Application Form Volunteer

Name: _____ Date: _____ DOB: _____

Address: Street _____ Apt. _____

City _____ State _____ Zip Code _____

Telephone: () _____ Cell: _____

E-mail: _____

Grade: _____ Name of School: _____

Subject/s area: _____

Volunteer Experiences: _____

*A copy of your most recent report card or transcript must accompany this application for all student tutors.

Please recommend the name of another person who might be interested in substituting in your absence.

Telephone () _____ - _____ (home ___ or work ___)

Cell Phone () _____ - _____

I will adhere to the policies and procedures of the IMANI Programs and uphold the confidentiality of the students and families that I might be assigned to work with.

Signature: _____

Date: _____