



Kamloops School of the Arts
Volunteer Interest Form

Thank you for your interest in KSA! Please fill out the following information in order to be considered for a volunteer opportunity at KSA. We will keep your information on file and when a teacher request is made to have a volunteer in their classroom, your application will be considered. At that point, you will be contacted to meet with the administration to review school protocol and pick up an application to have a criminal records check done.

Name: _____

Date: _____

Contact Phone Number: _____

Email Address: _____

Days/Hours of Availability

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

What are you hoping to gain from an opportunity to volunteer at KSA?

Medical: Do you have any medical condition that may hamper or affect your ability to carry out your activities? If yes, please describe:

What are your areas of expertise?

What grades or ages of students are you hoping to work with?

Grade: _____ Age: _____

References: Please provide the names of contact information for two references:

1. Name: _____ Relationship: _____ Phone: _____

2. Name: _____ Relationship: _____ Phone: _____

Please sign below to confirm that you have read the S.D. 73 Volunteer Booklet. You can find a copy online at our school website.

Volunteer Signature