



ELEMENTARY WMAES VOLUNTEER APPLICATION

2026/2027

A COPY OF YOUR DRIVER'S LICENSE. MUST BE INCLUDED

First Name: _____ Middle Name: _____ Last Name: _____

Previous names (i.e. maiden): _____ Race/Ethnicity: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Emergency Contact: _____ Relationship: _____

Contact Phone #: _____

Relationship To Student(s): _____

STUDENT NAME(S): _____ GRADE: _____ TEACHER: _____

_____ GRADE: _____ TEACHER: _____

_____ GRADE: _____ TEACHER: _____

_____ GRADE: _____ TEACHER: _____

Signature: _____ Date: _____

Please submit this form and your driver's license to the office.

Approved applications will be valid for this school year ONLY.