

Brevard Schools Foundation
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Brevard Schools
FOUNDATION
INVESTING IN YOUNG MINDS

Volunteer Application

Date: _____

Name: _____ Title: Mr. Mrs. Ms.

Mailing Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone: _____ Alternate Phone: _____

Birthdate: _____ Email Address: _____

Youth volunteers:

Are you volunteering for school credit? Yes No hours needed: _____ Due by _____

School/Advisor _____

Youth Volunteers must also submit a teacher's letter of recommendation

Emergency Contact Name/Relationship: _____ Phone: _____

Current Employer: _____ Position: _____

Retired: Yes No Former Occupation/Employer: _____

How did you hear about the Brevard Schools Foundation? _____

Please list any skills, hobbies or interests: _____

List days and times available:

Monday: _____ Thursday: _____

Tuesday: _____ Friday: _____

Wednesday: _____ Saturday: _____

Please indicate which volunteer opportunities interest you:

Foundation Office: Mailings Special Events Data Entry Marketing/PR Other

