



Independence
SCHOOL DISTRICT
Inspiring Greatness

Volunteer Application

PLEASE PRINT

Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-mail address (preferred method for correspondence) _____

Yes, I would like to receive updates from the Independence School District ☐

Emergency Contact _____ Phone Number _____

Are you submitting this application as a part of a group?
(i.e. alumni class, church, employees' group, social club)

Yes ☐ No ☐ If Yes, name of group _____

Do you have specific abilities or skills as related to construction or maintenance? If so, please list.

Do you have access to special tools or donated materials/supplies? Yes ☐ No ☐

If yes, please explain. _____

Event Date: Saturday, July 13

School Preference: No preference ☐

I prefer: Bridger ☐ Nowlin ☐ Korte ☐ Mill Creek ☐ Three Trails ☐

Are you interested in further school year volunteering? Yes ☐ No ☐

To learn more about volunteer opportunities, visit OurISDF.org

COMMENTS? QUESTIONS? CONCERNS?

Call the Project Shine Hotline at 816-521-5502 or email us at projectshineinfo@idschools.org

NOT ABLE TO VOLUNTEER? Send monetary donations to the address below, payable to:

Independence School District Foundation

PRE-REGISTER ONLINE OR MAIL/FAX BY JULY 10, 2013

After July 10, bring completed application with you to the Project Shine school of your choice the day of the event.

Mail to: Project Shine
201 N. Forest Ave.,
Independence, MO 64050

or fax to:
816-521-5667

Register online:
OurSchoolsShine.org