

TEEN PARENT PROGRAM VOLUNTEERING APPLICATION

**Application must be completed with a copy of fingerprinting receipt.
Please mail both documents to:**

**East Valley School District #361
Attention: Tonette Lazanis
12325 E. Grace Ave.
Spokane Valley, WA 99216**

Name: _____

Address: _____

Home Phone Number: _____

Cell Phone Number: _____

Emergency Contact: _____

Emergency Contact Number: _____

**Special Medical
Concerns:** _____

**Days/Times Available to
Babysit:** _____

Signature: _____

Date: _____