

SPRING GROVE AREA SCHOOL DISTRICT

S.T.R.I.V.E PROGRAM APPLICATION

Senior Tax Rebate Incentive Volunteer Exchange

NAME _____ DATE _____

MAILING ADDRESS _____

RESIDENCE (IF DIFFERENT) _____

SOCIAL SECURITY NUMBER _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

SCHOOL REAL ESTATE TAXES PAID IN _____ \$ _____
BORO OR TOWNSHIP

TOTAL NUMBER OF INDIVIDUALS RESIDING IN HOME: _____

TOTAL HOUSEHOLD INCOME FROM ALL SOURCES IN LAST TAX YEAR:
\$ _____

TIMES I COULD VOLUNTEER (DAY OF WEEK, HOURS) _____

CIRCLE PREFERRED LOCATION(S): High School, Middle School, Intermediate School,
Spring Grove Elementary, Paradise Elementary, New Salem Elementary

My experience/expertise is in the following areas: _____

Areas of School or Jobs where I would like to help: _____

I have the following physical limitations or special needs: _____

SIGNATURE OF APPLICANT _____ DATE _____

STAND-IN INFORMATION (to be completed by individual performing volunteer work)

NAME _____ DATE _____

MAILING ADDRESS _____

RESIDENCE (IF DIFFERENT) _____

SOCIAL SECURITY NUMBER _____

TELEPHONE NUMBER _____ DATE OF BIRTH _____

The Spring Grove Area School District does not discriminate in regard to race, color, religion, national origin, sex or handicap. All information provided by the applicant on this form will be used for the STRIVE program only. Please return information to Business Office, Spring Grove Area School District, 100 E. College Avenue, Spring Grove, PA 17362.