

**SOLANCO SCHOOL DISTRICT**  
**SMILES PROGRAM APPLICATION**



Date \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

AREAS WHERE I CAN HELP \_\_\_\_\_  
\_\_\_\_\_

TIMES I CAN VOLUNTEER (DAYS OF THE WEEK, HOURS) \_\_\_\_\_  
\_\_\_\_\_

**CIRCLE PREFERRED SCHOOL LOCATION:** BART-COLERAIN ELEMENTARY

CLERMONT ELEMENTARY                      PROVIDENCE ELEMENTARY                      QUARRYVILLE ELEMENTARY

SWIFT MIDDLE SCHOOL                      GEORGE A SMITH MIDDLE SCHOOL                      SOLANCO HIGH SCHOOL

My experience/expertise is in the following areas: \_\_\_\_\_  
\_\_\_\_\_

**Please List the names of two individuals as personal references**

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ I am physically unable to volunteer and would like the following individual to complete the required 40 hours of volunteer work for me:

Name \_\_\_\_\_ address \_\_\_\_\_

Phone \_\_\_\_\_

Send this application to:

Dr. Brian A. Bliss, Superintendent  
Solanco School District  
121 South Hess Street  
Quarryville, PA 17566

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