

Volunteer Application

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Do you have a child in the program? Yes No

Are you volunteering as part of a class or training program? Yes No

If yes, which one _____

Early Childhood training or experience _____

Are you multi-lingual? Yes No If yes, what other language(s) do you speak? _____

Skills, Interests and Hobbies _____

My volunteer interests are: (check all that apply)

Office Reading Playground Classroom Food Services Infants & Toddlers Any

Times you are able to volunteer: AM PM

Monday Tuesday Wednesday Thursday Friday Other _____

Have you ever been convicted of a crime? Yes No

If yes, please explain _____

How did you hear about Head Start/Early Head Start/ECEAP? _____

List two references (include address and phone number)

Do you have any special requirements or medical conditions that we should be aware of as you volunteer? Yes No

If yes, please describe _____

Person to contact in an emergency:

Name _____

Address _____

Home phone _____ cell phone _____

Signature _____ Date _____