



OESD 114 EARLY LEARNING VOLUNTEER APPLICATION



APPLICATION

Full Name: _____ **Date of Birth:** _____
Last First Middle

Address: _____
Street Address Apartment/Unit #

Phone: _____ **Email:** _____

Do you have a child in the program? Yes No **If yes, which site(s)?** _____

Early Childhood Training or Experience? Yes No **Site Preference:** _____

Skills, Interests, Hobbies: _____

Volunteer Interests: Reading in classroom Helping on playground Office support Infants and toddlers Any

Days Available:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Time Preference(s):					

REFERENCES

Please list two professional or personal references.

Full Name: _____ **Relationship:** _____

Phone Number: _____ **Email:** _____

Full Name: _____ **Relationship:** _____

Phone Number: _____ **Email:** _____

EMERGENCY CONTACT

Please provide one emergency contact.

Full Name: _____ **Relationship:** _____

Phone Number: _____ **Email:** _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that I must successfully pass a background check prior to volunteering with the OESD 114 Early Learning program.

Signature: _____ **Date:** _____