## Volunteer Application

PLEASE COMPLETE ALL AREAS OF THE APPLICATION

|  |
| --- |
| **Personal Data** |
| ­Name: |
| Address:  | Email: |
| City:  | State: | Zip: |
| Home/Cell Phone: | Work Phone: |
| Under 18: yes [ ]  no [ ]  |
|  |
| Please describe any previous experience with young children, teaching, or working with children with special needs, etc. |
|  |
| Describe any special interests, hobbies, skills, etc. that you have: |
|  |
| Do you have any specific goals for your volunteer time? |
|  |
| How did you hear about the volunteer opportunities with Head Start? |
|  |
| Any other information you would like to share? |
|  |
| **Availability** |
| Days Available: Mon. [ ]  Tues. [ ]  Wed. [ ]  Thus. [ ]  Fri. [ ]  |
| Time Available: Morning [ ]  Afternoon [ ]  Evening [ ]  |
| Desired Location: Choose an item.  |
| Type of Work: Choose an item.  |
| **Personal References** |
| Name: | Phone: |
| Name: | Phone: |
| Name: | Phone: |
| **Emergency Contact** |
| Name: | Phone: |