## 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: | |