



Volunteer Application

Date: _____

Referred By: _____

Previous Client (Check yes or no): Yes: _____ No: _____

Contact Information:

Name: _____ E-mail: _____

Address:

Home Phone: _____ Cell-Phone: _____ Birth Date: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Previous Child Care Experience:

1)

2)

3)

Personal History (Check if Applies):

___ Mental Illness ___ Alcohol Abuse ___ Criminal Record ___ Drug Abuse ___ Child Abuse/Neglect

If yes, please explain:

Interests/Hobbies:

Skills/Qualifications (i.e. Languages, graphic designing, teaching, typing, etc.):



Availability (Open 11:00 AM-7:00/8:00 PM M-F):

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

References:

1) **Name:** _____ **Phone:** _____

Relationship: _____

2) **Name:** _____ **Phone:** _____

Relationship: _____

3) **Name:** _____ **Phone:** _____

Relationship: _____