



Strengthening Families & Protecting Children

VOLUNTEER APPLICATION

Date: _____

Referred by: _____

Contact Information:

Name: _____ Birth Date: _____

Address: _____

Cellphone: _____ E-mail: _____

Emergency Contacts:

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Previous Child Care Experience:

1) _____

2) _____

3) _____

Personal History (Check if Applies):

Mental Illness

Alcohol Abuse

Criminal Record

Drug Abuse

Child Abuse/Neglect

If checked, please explain:

Why are you interested in volunteering?

Skills/Qualifications:

(i.e., bilingual, computer efficiency, organizational, etc.)



Strengthening Families & Protecting Children

Will you be volunteering for school credit? If so, for what class?

Course: _____ Teacher: _____

Availability (Open Weekdays 9:00 AM-7:00 PM):

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Which location would you prefer to volunteer at?

Logan Hyrum Smithfield Comments: _____

How many hours a week would you like to commit?

(2 hours minimum required)

References:

Name: _____ Relationship: _____

Phone #: _____ Email: _____

Name: _____ Relationship: _____

Phone #: _____ Email: _____

Name: _____ Relationship: _____

Phone #: _____ Email: _____

CERTIFICATION OF APPLICANT:

I certify that all statements made in this application are true and correct, and that any misstatement of material facts may subject me to disqualification or dismissal. Also, I authorize investigation of all statements made in this application.

Signature

Date