

Volunteer Application

Contact Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Emergency Contact Name: _____ Phone: () _____

Interests and Availability

Please share with us your areas of interest:

Please note that any work preceded by an asterisk requires volunteer to be over the age of 18, a background/criminal history screening and references.

<input type="checkbox"/> General classroom assistance * <input type="checkbox"/> Substitute for teachers* <input type="checkbox"/> Sharing special talents or interests with children (music, art)* <input type="checkbox"/> Administrative assistance in office (answering phones, clerical)* <input type="checkbox"/> Outdoor help – assisting on playground, gardening, walks* <input type="checkbox"/> Reading or talking with children* <input type="checkbox"/> Arts and crafts projects* <input type="checkbox"/> Parent Mentoring and/or Training*	<input type="checkbox"/> Other Opportunities <input type="checkbox"/> Development Committee <input type="checkbox"/> Finance Committee <input type="checkbox"/> Program Committee <input type="checkbox"/> Children’s Clothing Closet <input type="checkbox"/> Special Events Planning <input type="checkbox"/> Maintenance/Handiwork <input type="checkbox"/> Other: _____
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When are you available to volunteer?

<input type="checkbox"/> Monday Morning	<input type="checkbox"/> Tuesday Morning	<input type="checkbox"/> Wednesday Morning	<input type="checkbox"/> Thursday Morning	<input type="checkbox"/> Friday Morning	<input type="checkbox"/> Weekends
<input type="checkbox"/> Monday Afternoon	<input type="checkbox"/> Tuesday Afternoon	<input type="checkbox"/> Wednesday Afternoon	<input type="checkbox"/> Thursday Afternoon	<input type="checkbox"/> Friday Afternoon	<input type="checkbox"/> As Needed
<input type="checkbox"/> Monday Evening	<input type="checkbox"/> Tuesday Evening	<input type="checkbox"/> Wednesday Evening	<input type="checkbox"/> Thursday Evening	<input type="checkbox"/> Friday Evening	

Background and Special Talents

How did you hear about Childcare Resources? _____

Do you have any education, skills or training you feel will be beneficial to Childcare Resources? _____

Are you currently a student? If yes, please list school: _____

Are you currently employed? If so, please list employer: _____

Do you have any interests or hobbies that you would like to share with us? _____

Do you currently volunteer with any other organizations? If so, please list organization and volunteer job(s):

Briefly describe an experience you've had working with or volunteering with children or in early childhood education:

What do you hope to accomplish as a Childcare Resources volunteer? There are no wrong answers!

References

1) Name: _____

Phone: _____

2) Name: _____

Phone: _____

YES NO

Have you ever been convicted of a felony?

If yes, explain: _____

By signing this application, I agree that:

- The information provided is true to the best of my knowledge.
- A background or reference screening is required if I have indicated interest in working with children or families.
- I am not an employee of Childcare Resources of Indian River and that volunteers are scheduled on an as-needed basis.

Signature

Date

Please return this application to:
Childcare Resources of Indian River
1801 24th Street, Vero Beach, FL 32960
Fax: 772.567.3202

For Office Use:

Called for follow up? _____

Date entered _____