



The Leaguers, Incorporated

Volunteer Application

Name: _____ Address: _____

City _____ ZIP _____ Phone _____

Work Address: _____ City: _____ ZIP: _____

Phone: _____ Driver's License Number State: _____

Emergency Contacts:

Name: _____ Address: _____

City: _____ ZIP: _____ Phone: _____ Relationship: _____

Type of Volunteer

Parent of a currently enrolled child Former parent Community volunteer

SKILLS AND INTERESTS

Educational Background: _____

Current Occupation: _____

Hobbies, Skills, Interests:

Previous Volunteer Experience: _____

VOLUNTEER PREFERENCES: What are you interested in doing at Head Start?

Working with children in the classroom

Administering/scoring tests

Assisting with clerical duties

Other (please specify): _____

Tutoring parents in reading

Reading to children

Teaching children/parents computer skills

Chaperoning field trips

Teaching arts and crafts

Which geographical location do you prefer? _____

At what times are you interested in volunteering?

Please list three references we might contact (one family & two non-family):

Name: _____ Address: _____

City: _____ ZIP: _____ Phone: _____

Name: _____ Address: _____

City: _____ ZIP: _____ Phone: _____

Name: _____ Address: _____

City: _____ ZIP: _____ Phone: _____

Do you have any physical limitations which might affect your ability to perform certain types of work?

[] Yes [] No, if yes please explain:

Do you have any experience working with children? Describe:

Why do you want to volunteer with The Leaguers, Inc. Head Start/Early Head Start?

Signature _____ Date: _____