

**Children's Day Celebration  
Volunteer Application Form**

**This document is required to be filled out for all volunteer positions**

We would be honored and excited to have you participate as VOLUNTEER helping smooth things out in this event.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initials: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female Marital Status: \_\_\_ Single \_\_\_ Married \_\_\_ Divorced

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home #: \_\_\_\_\_ Business #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Church/Club Member: \_\_\_ Yes \_\_\_ No

How long have been attending \_\_\_\_\_ Church/Club? \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

What talents, interests, skills, and/or training do you have that you feel could be beneficial to Children's Day?

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**Reason for Volunteering**

\_\_\_ I want to help in my community

\_\_\_ I am required to complete court ordered community service hours

Number of hours required \_\_\_\_\_ Deadline for completion \_\_\_\_\_

\_\_\_ Other \_\_\_\_\_

**Volunteer Ability**

I am able to work the following times: \_\_\_ a.m. hours \_\_\_ p.m. hours

Have you ever volunteered with us before/When? \_\_\_\_\_ Yes \_\_\_\_\_ No

Position and description for responsibilities: \_\_\_\_\_

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Return this form by mail prior to the event to:

Children's Day Celebration  
2302 Highway 281 North  
Marble Falls, TX 78654  
[childrensdaytx@gmail.com](mailto:childrensdaytx@gmail.com)  
(830)693-7398 Mobil (512)755-3504