



## Volunteer Application

Name: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_ Birthday \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Please check all that apply: Volunteer is a

- Current or Former Head Start parent       Community Volunteer       Professional Volunteer

What volunteer experience are you interested in

- |   |   |
|---|---|
| <input type="checkbox"/> Working with children in the classroom | <input type="checkbox"/> Book Reader                      |
| <input type="checkbox"/> Assisting with clerical duties         | <input type="checkbox"/> Assist in Parent Party or Groups |
| <input type="checkbox"/> Assisting with kitchen                 | <input type="checkbox"/> Homebased volunteer              |
| <input type="checkbox"/> Teaching arts and crafts               | <input type="checkbox"/> Assist in cleaning the center    |

Other: \_\_\_\_\_

Center Preferences

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Jasper Center Base | <input type="checkbox"/> Newton Center Base        | <input type="checkbox"/> Jasper Home Base    |
| <input type="checkbox"/> Lil Eagles         | <input type="checkbox"/> San Augustine Center Base | <input type="checkbox"/> Sabine Home Base    |
| <input type="checkbox"/> Lil Panthers       | <input type="checkbox"/> Tri-C Center Base         | <input type="checkbox"/> Woodville Home Base |
| <input type="checkbox"/> Lufkin Center Base | <input type="checkbox"/> Shelby Homebase           |  |

Head Start Volunteer Hours are Monday – Friday 7:30 a.m. – 4:30 p.m.

What days and times are best for you? \_\_\_\_\_

Skills and Interest

Educational background: \_\_\_\_\_

Hobbies, skills, interests: \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

What languages do you speak?

Please list any language(s) other than English that you speak, read and/or write.

\_\_\_\_\_

All Head Start volunteers are subject to a criminal background check.

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

FALSIFICATION OR MISREPRESENTATION OF ANY INFORMATION ON THIS FORM OR ON YOUR APPLICATION MAY CONSTITUTE GROUNDS FOR IMMEDIATE TERMINATION OF VOLUNTEER STATUS.