

**The Children's Center**  
**VOLUNTEER APPLICATION**

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_  
*Last First Middle Initial* Cell phone (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Do you check your Email often? \_\_\_\_\_

Address \_\_\_\_\_  
*Street / Apt. No. City Zip*

Where Currently Employed? \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Job Position \_\_\_\_\_ Supervisor \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_ (Relationship) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Prior Work History (Please List in Order)**

Dates of Employment	Employer, Address, Phone Number Name of Supervisor	Licenses or Certifications

**Volunteer Experience (Please List in Order)**

Dates	Where	Length of Service

**Education**

High School	College/University	Other
Year Graduated / Expected	Degree Year Graduated / Expected	

**Personal References *(Excluding Relatives)***

Name	Occupation	Address	Phone
1.			
2.			

Talents, Hobbies, Special Skills, and Interests:

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Have you ever been an employee/volunteer at The Children’s Center?    \_\_\_\_ Yes    \_\_\_\_ No

If yes, please indicate dates of employment/volunteer: \_\_\_\_\_

Why did you leave The Children’s Center? \_\_\_\_\_

**What Area of Volunteer Service Do You Prefer?**

- |   |  |
|---|--|
| <input type="radio"/> Cuddling / Rocking Babies | <input type="radio"/> Reading / Tutoring             |
| <input type="radio"/> Assisting in Classrooms   | <input type="radio"/> Gardening / Landscape Projects |
| <input type="radio"/> Clerical Duties           | <input type="radio"/> Assisting with Special Events  |
| <input type="radio"/> Sewing / Mending          | <input type="radio"/> Hospitality Program            |
| <input type="radio"/> Kitchen                   | <input type="radio"/> Other Interest                 |

**Availability *(Indicate Day and Hours)***

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Hours	Hours	Hours	Hours	Hours	Hours	Hours

Name three of your strengths:

- 1.
- 2.
- 3.

Why would you like to serve as a volunteer at The Children’s Center?

*If I am accepted as a Volunteer of The Children's Center, I agree to be punctual and conscientious and conduct myself with courtesy and consideration. I will consider as confidential all information which I may hear directly or indirectly concerning a patient, family member, or staff member and will not seek information in regard to patient. I will comply with all established policies. I will endeavor to make my work of the highest quality and will uphold the traditions and standards of the Center.*

*I certify that answers given herein are true and complete to the best of my knowledge.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If applicant is under 18 years of age)*