



Staff Use Only:

Date received: _____

VOLUNTEER APPLICATION

Name: _____		
Last Name	First Name	Middle Initial
Address: _____		
Street	City/State	Zip Code
Home Phone Number: _____	Cell Phone Number: _____	
Best Time to Contact You: _____		
Email: _____		

<u>Experience</u>			
Education:			
<u>Name of School</u>	<u>Highest Grade Completed</u>	<u>Diploma/Degree</u>	
_____	_____	_____	
_____	_____	_____	
Volunteer Experience:			
<u>Agency Name</u>	<u>City/State</u>	<u>Type of Service</u>	<u>Dates</u>
_____	_____	_____	_____
_____	_____	_____	_____
List any jobs that you have held:			
<u>Employer</u>	<u>Position</u>	<u>Dates of Employment</u>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	

Availability and Assignment Request

Please list times you are available to volunteer:

	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<i>Times Available</i>	_____	_____	_____	_____	_____

I am interested in the following volunteer opportunities:

- Welcome Desk Lobby (Volunteers needed 8:00 a.m.—10:00 a.m. and 3:00 p.m.—5:00 p.m.)
- Monitor Starfish Cove (Volunteers needed 8:00 a.m.—10:00 a.m. and 2:00 p.m.—4:00 p.m.)
- Rock babies in the Infant Room once a month or more often
- Read to a group of children once a month or more often
- Join the Little Green Thumbs Garden Committee
- Share a special talent as a guest performer in child care
- Be in charge of lobby decorating for one or more holidays/seasons each year
- Assemble mailings, dental goodie bags, assemble permission slips for school dental programs, bulk mailings and other administrative projects, send monthly reminder postcards
- Lead a learning activity with pre-school or toddler aged children (a craft, cooking, baking, gingerbread house building, Easter egg coloring, etc.)
- Help with special events/or one time projects
- Solicit donations of materials and supplies for our Green Thumbs vegetable garden
- Floral/Landscape helper
- Group Projects (archive records, mulching, spring/fall clean up days, etc.)
- Join the Ruth Chadwick Tree of Angels Committee (holiday gift giving for children and families in need)
- Set up, decorate or prepare an appetizer or dessert for the annual staff holiday party
- Assist with our social media efforts: Research dental and child care topics, write blogs, post existing pieces to blog, update website, post on Facebook, etc.
- Other (please explain): _____

Interests/Hobbies/Special Skills

Interests and Hobbies: _____

Special Skills: _____

Foreign Languages: _____

Other Information

How did you hear about volunteer opportunities at Brooker Memorial?

Why do you want to volunteer?

Are you or any family member currently involved at Brooker Memorial? Yes No

If yes, please explain: _____

How many total hours do you want to volunteer? _____ Week Month Other _____
Hours

References

Please provide two professional, academic, or volunteer references (please provide all information below):

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

Applicant's Statement

Have you ever been suspended or dismissed from an organization as a result of alleged, suspected or actual acts of physical or sexual abuse? Yes: _____ No: _____

I certify that the information I have provided in this application is true, accurate and complete to the best of my knowledge.

I agree to Brooker Memorial conducting a criminal background check to ensure my suitability for volunteering in a children's organization.

Signature: _____ Date: _____