**VOLUNTEER APPLICATION**

1. NAME

(LAST) (FIRST) (M.I.)

2. ADDRESS

(STREET) (CITY) (STATE/ZIP)

3. TELEPHONE ( )

4. REFERENCE(S) (RELATED TO VOLUNTEER EXPERIENCE)

AGENCY/ORGANIZATION AGENCY/ORGANIZATION

ADDRESS ADDRESS

PHONE NUMBER PHONE NUMBER

SUPERVISOR/CONTACT SUPERVISOR/CONTACT

WHAT DAY(S) AND TIME(S) ARE YOU AVAILABLE TO VOLUNTEER?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|  |  |  |  |  |
|  |  |  |  |  |

SIGNATURE: DATE:

Please complete the Community Volunteer Interest Area Checklist that follows.

**Note: Individuals who wish to volunteer on a regular basis (weekly) and/or ten (10) or more hours per month in a Head Start Center, must have a Level 2 background screening and Local Criminal Record Check and TB Skin Test at his/her own expense. The local check must be from the county in which the volunteer resides.**

**If you have any questions, contact the Parent Engagement Coordinator at (850) 201-2050.**

Volunteer Application Revised 9/14