

Volunteer Application

Personal Information:

1. Name: _____

2. Address: _____

City: _____ ST: _____ Zip: _____

3. Home Phone: _____ Work/Cell Phone: _____

4. E-mail: _____

5. Date of Birth: _____

6. Volunteer Position(s) Applying for:

1) _____ 2) _____ 3) _____

7. Do You Have: Yes No

Tuberculin Skin Test result?*

Ability to volunteer a minimum of 8 weeks?*

Experience with children with special needs?

Experience with diverse populations?

If Yes, with what cultures/languages?

***Required**

Note: A tuberculosis testing is required for all volunteers who will volunteer where children are present.

8. Emergency Contact: _____ Relationship: _____

Telephone(s): _____ Emergency Contact's Language: _____

9. Do you have preference for locations? YES / NO If Yes, which one?

International District (Head Start) Beacon Hill (Head Start) Beacon Hill (Early Head Start)

Lake Washington (Head Start) Administrative Office

10. Please indicate the days and times that you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

11. Are you a current or former DLEC/Head Start or DLEC parent/guardian/family member? YES / NO

If Yes, Name(s) of child(ren): _____

Years attended: _____

12. Interested in receiving agency e-newsletter? YES / NO

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Criminal Background:

Please complete the following questions. **Do not leave blank.** Please write "N/A" if not applicable. This information is required by childcare licensing and Head Start Performance. **Applications received with this section incomplete will not be considered.**

1. Please list **all** pending and prior criminal arrests and charges related to the sexual abuse of children

2. Please list **all** convictions related to other forms of child abuse and/or neglect: _____

3. Please list **any** felony convictions: _____

Experience:

1. List any previous volunteer/work experience:

Agency/Institution: _____ City and State: _____

Duties/Responsibilities: _____

Supervisor: _____ From: _____ To: _____

2. Last School Attended: _____

Degree: _____ Graduated: Yes No

3. Are you a student? YES / NO If YES, are you volunteering for credit? YES / NO

School: _____ Teacher: _____ Telephone: _____

4. Are you able to provide translation assistance? YES / NO

If Yes, Verbal: YES / NO Written: YES / NO

Language: _____

References:

Please list three references. We will be contacting at least two references prior to volunteering.

a. Name: _____ Relationship: _____

Telephone(s): _____ Email: _____

b. Name: _____ Relationship: _____

Telephone(s): _____ Email: _____

c. Name: _____ Relationship: _____

Telephone(s): _____ Email: _____



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I understand that a condition of volunteering is that Denise Louie Education Center must conduct local and national background checks. Therefore, if offered the volunteer opportunity by Denise Louie Education Center I hereby authorize Denise Louie Education Center to conduct local and national background checks for the purposes of evaluating whether I am qualified for the position. I understand that Denise Louie Education Center will utilize an outside firm(s) to assist in checking such information. I also understand that I may withhold my permission and in such a case my application will not be processed further.

I certify that the above is true and correct to the best of my knowledge. I understand that any untrue or misleading answers are cause for rejection of my application. I authorize Denise Louie Education Center to verify statements contained in this application. I authorize Denise Louie Education Center to contact references listed in this application.

Signature

Date