



Volunteer Application

Personal Information:

Name: _____ E-mail: _____

Address: _____ City/State/Zip: _____

Phone Number: Home _____ Cell _____

Date of Birth: _____

Emergency Contact: _____ Phone Number: _____

Volunteer Area of **Interest:**

Classroom

Kitchen

Marketing & Development/Auction

Front Desk/General Administration

HR

One Time/Other _____

Location Preference:

International District

Beacon Hill

Lake Washington

Sand Point/Mercy Magnuson

Administrative Office

Write in **times** you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Hours interested in volunteering in a week: _____ How many days a week: _____

How long can you commit to volunteering: _____

Orientations are on the last Friday of the month at 4 PM for 30-45 minutes. Are you able to attend on one of the following months:

*if unable to attend, we will schedule an individual orientation

Are you a current or former DLEC/Head Start or DLEC parent/guardian/family member?

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

Year(s) attended: _____

Interested in receiving agency e-newsletter? YES NO

How did you hear about Denise Louie Education Center? _____

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:

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: _____

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