

**Personal Information:**

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**Volunteer Area of Interest:**

- |   |   |
|---|---|
| <input type="checkbox"/> Classroom                        | <input type="checkbox"/> Kitchen                            |
| <input type="checkbox"/> Marketing & Development/ Auction | <input type="checkbox"/> Front Desk/ General Administration |
| <input type="checkbox"/> HR                               | <input type="checkbox"/> Other: _____                       |

**Location Preference:**

- Yesler Terrace
- Beacon Hill
- Sand Point/Mercy Magnuson
- Administrative Office

**Write the times that 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? \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

**Previous volunteer/work experience**

Agency/Institution: \_\_\_\_\_

City and State: \_\_\_\_\_

Duties/Responsibilities: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Degree: \_\_\_\_\_

Graduated:

- Yes
- No

Are you a student?

- Yes
- No

If YES, are you volunteering for credit?

- Yes
- No

School: \_\_\_\_\_

Teacher: \_\_\_\_\_

Telephone: \_\_\_\_\_

Are you able to provide translation?

- Yes
- No

If YES, Verbal?

- Yes
- No

Written?

- Yes
- No

Language(s): \_\_\_\_\_

**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: \_\_\_\_\_



**Volunteer Application**

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