

## South Central Child Development, Inc. Volunteer Job Application

Applications are considered without regard to race, color, sex, national origin, age, religion, veteran status, disability or other basis prohibited by law.

The information requested on this application is designed to help us get to know you and to aid in your placement in our Program. All answers, which you elect to give, will be strictly confidential.

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

Address: \_\_\_\_\_ Phone: (605) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Person to Contact in an Emergency: \_\_\_\_\_ Phone: (605) \_\_\_\_\_

Family: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education and Training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language(s) you Speak: \_\_\_\_\_  
\_\_\_\_\_

Work Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Volunteer Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hobbies, Interests, Skills: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Clubs or Organizations: \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Head Start? \_\_\_\_\_  
\_\_\_\_\_

Physical Limitations: \_\_\_\_\_  
\_\_\_\_\_

Do you understand the necessity for keeping information confidential? \_\_\_\_\_  
\_\_\_\_\_

Check times you can volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 – 10:30 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:30 am – 12:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12:30 – 2:30 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:30 – 4:00 pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of work you like:

Working one-to-one with children:  Reading  Tutoring

Clerical work:

Preparing materials for teachers  Maintaining classroom equipment

Working with groups of children:

Helping with art projects  Assisting in the classroom

Conducting small groups  Supervising lunch

Assisting on playground or bus  Substituting

Childcare

Other: \_\_\_\_\_

Indicate the type of job(s) you prefer:

Take charge type jobs  Working alone

Working closely with others  Jobs that are very structured and specific

Have you ever been convicted of child abuse or neglect?  Yes  No

Do we have your permission to check?  Yes  No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

References: (with complete address, city, state, zip and telephone number)

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_

“To the best of my knowledge, what I have stated above is true. I understand that acceptance of volunteer duties will not create a contractual obligation upon the employer to continue the use of my volunteer services in the future, meaning that my services may be terminated at any time by South Central Child Development, Inc. with or without cause or prior notice. No one is authorized by the employer to change this except by written agreement signed by the employer. I understand that my volunteer services may be contingent upon the successful completion of a post offer physical”.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_