



ENRICHMENT SERVICES PROGRAM, INC. VOLUNTEER APPLICATION

OFFICE USE ONLY

Center/Location: _____
Center Manager/Site Supervisor: _____

Please select one:

Regular Volunteer (30 or more hours per week) Yes No
(Background Check and Tuberculin Test Required)

Occasional Volunteer (under 30 hours per week) Yes No

Name: _____ Address: _____

City: _____ State _____ Zip _____ Phone (Home) _____ (Work) _____

Driver's License: Yes No

State Issued: _____

Contact in case of emergency _____

Relationship _____ Phone _____

Do you have children in the Early Head Start program? Yes No

Do you have children in the Head Start program? Yes No

Are you presently employed? Yes No

Name of Present Employer _____

Job Title _____ Training _____

Languages _____ Skills, Interest, and Hobbies _____

What is your Volunteer Interest? _____

AVAILABILITY

Short Term Special Projects Long Term

Hours per week _____ Hours per Month _____

Type of work you would like (check all that apply)

Work with children Parent Advocate
 Work with Administrative Staff other (explain) _____

Time you would prefer to Volunteer:

I am flexible Prefer weekdays Prefer weekends

Times during the day that you can not volunteer _____

Have you ever been convicted of a crime: Yes No

If yes, please explain _____

List of References

Name	Address	Phone	Relationship to you
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Applicant's Signature _____ Date _____