



Child Development Center of St. Joseph

Volunteer Information Form

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (evening) _____
(cell) _____ Best time to call: _____

The Center is open from Monday through Friday (6AM – 6PM)
Please check the days and times you are able to commit to service

	Monday	Tuesday	Wednesday	Thursday	Friday
Before 9:00 AM	_____	_____	_____	_____	_____
After 9:00 AM	_____	_____	_____	_____	_____
After 12:00 Noon	_____	_____	_____	_____	_____

Why are you interested in volunteering at the Center?

What skills, talents and abilities do you hope to share?

Volunteer Experiences

Please list other volunteer services. If none, please list non-family personal references.

Organization: _____ Length of service: _____

Duties: _____

Contact person (reference): _____

Phone: _____

Organization: _____ Length of service: _____

Duties: _____

Contact person (reference): _____

Phone: _____

Organization: _____ Length of service: _____

Duties: _____

Contact person (reference): _____

Phone: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Cell: _____

Name of primary care physician: _____

Phone: _____

Allergies: _____

Parental Consent (for volunteers under 18 years of age)

I give consent for _____ (son/daughter's name) to volunteer at the Child Development Center of St. Joseph on (days of week) from _____ to _____ (time).

Parent Signature: _____ Date: _____

Beginning Volunteer Service Date: _____