



Episcopal Children's Services

Better Lives Start With Better Beginnings.

EPISCOPAL CHILDREN'S SERVICES, INC. VOLUNTEER APPLICATION

Name _____

Address _____ Phone (W) _____ (H) _____

City _____ State _____ Zip _____

Driver's License # _____ State Issued _____

Contact in case of Emergency _____

_____ Relationship _____ Phone _____

Do you have a child enrolled in an Early Learning Program? Yes [] No []

Name of Early Learning Program _____

Employed Presently: Yes [] No []

Name of Present Employer _____ Job Title _____

Days and Hours You Work _____ Length of Employment _____

EDUCATION AND TRAINING:

Highest Grade Completed HS/GED [] College []

Current Student [] Graduate School []

Volunteer Experiences/Training/Languages _____

INTEREST, SKILLS, HOBBIES, TALENTS, ETC _____

AVAILABILITY:

Short Term [] Special Projects [] Long Term []

I am available to volunteer the following days:

Circle all that apply: S M T W TH F S

Hours: per week _____ per month _____

I am flexible _____ Prefer weekdays _____ Prefer weekends _____

Times during the week that I cannot volunteer _____

TYPE OF WORK YOU WOULD LIKE (check all that apply):

- work with children maintenance
 work with administrative staff other (explain _____)

VOLUNTEER INTEREST LIST

I would like to volunteer in the following areas:

- Assist classroom teachers.
 Cutting out/making items at home for the daily activities.
 Read a story to some of the children/play games.
 Teach or lead a song or some musical activity.
 Conduct an art activity.
 Assist with classroom party.
 Help plan and/or accompany children on field trips.
 Prepare and help serve snacks.
 Clean up around the center.
 Plant garden or flowers.
 Display a costume from another country or ethnic group.
 Prepare classroom scrapbook.
 Conduct a book drive to collect new children's books.
 Request community donations for specific activities.
 Other activities (explain): _____

Have you ever been convicted of a crime, including misdemeanor and felony offenses, or there are criminal charges pending at this time?

Yes [] No []

If yes, explain _____

LIST REFERENCES:

PHONE:

1. _____
2. _____
3. _____

Would you like to receive the ECS Quarterly Newsletter?

Yes No

Signature _____ **Date** _____