

CARE for Children

P.O. Box 616
723 East Main Street
Bradford, PA 16701

VOLUNTEER APPLICATION

PERSONAL DATA:

Date:

Name:

Address:

Phone:

EMERGENCY CONTACT:

Name:

Phone:

Address:

Phone (alternate):

Do you have reliable transportation?

EDUCATION (mark highest completed):

Elementary____ High School____ College____ Graduate____

Course of Study _____

EMPLOYMENT EXPERIENCE (start with present or most recent):

Please attach a resume or if a resume is not available fill out a CARE Employment Application.

VOLUNTEER EXPERIENCE:

Have you volunteered before? _____

1) Organization:

Dates:

Type of work:

2) Organization:

Dates:

Type of work:

Have you had prior experience working with children? Children with special health care needs?
If yes, describe

Please mark the following program areas of interest.

- | | |
|---|---|
| <input type="checkbox"/> Rainbow Corner Preschool | <input type="checkbox"/> Recreation: |
| <input type="checkbox"/> Health Clinics | <input type="checkbox"/> Family Support/ Child Care |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sports Activities |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Creative Arts |
| <input type="checkbox"/> Clerical/Office work | |

List any hobbies, interest, skills, training, that may be relevant.

What expectations do you hold about your volunteering experience?

Why are you interested in volunteering at CARE?

Applicant Signature

Date

FOR INTERNAL USE ONLY:

Date application received _____

Reviewed by _____

Comments _____

Clearances received: _____

Orientation completed: _____

Placement _____ Date _____

Placement Supervisor: _____