

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)

Circle One: Volunteering as an Individual or through a group/organization

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"/> Family Support/ Child Care | <input type="checkbox"/> Clerical/Office work |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sports Activities |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Creative Arts |

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

Do you have clearances to work with Children? _____

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: _____