



## VOLUNTEER APPLICATION

Check one:  The Lehman Center       Francis Leiter Center       The Nicarry Center

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Present Address:

\_\_\_\_\_

Street	City	State	Zip
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Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_

Do you have any physical/mental, time or location limitations that we need to keep in mind when volunteering?  
\_\_\_\_\_ If yes, what are they? \_\_\_\_\_

Educational Background: \_\_\_\_\_

Present Employer: \_\_\_\_\_ Nature of work: \_\_\_\_\_

Past Employer: \_\_\_\_\_ Nature of work: \_\_\_\_\_

Experiences with children: \_\_\_\_\_

Reasons for applying:      \_\_\_\_\_ Internship  
   \_\_\_\_\_ Community Service  
   \_\_\_\_\_ Desire to help this organization and/or community

Have you ever had a volunteer position? (If yes, please describe)

\_\_\_\_\_  
\_\_\_\_\_

List your strengths and weaknesses as they relate to this volunteer opportunity: \_\_\_\_\_

\_\_\_\_\_

Below is a list of volunteer positions. Please check any which you would be interested in (See descriptions.)

- |       |  |
|-------|--|
| _____ | Childcare (The Lehman Center Crisis Nursery or Parent Support Group) |
| _____ | Maintenance  |
| _____ | God's Closet   |

- \_\_\_\_\_ Office/Mailings
- \_\_\_\_\_ Assist with Fundraising
- \_\_\_\_\_ Other (Please describe)

**Volunteer Job Descriptions**

- Childcare** The childcare volunteer cares for and provides recreational activities to children in TLC Crisis Nursery or PSG childcare group including games, play, crafts, etc.
- Maintenance** Maintenance volunteers do general maintenance and upkeep of the building.
- God's Closet** God's Closet is a collection of donated children's clothing. Volunteers are often needed to sort and arrange clothing.
- Office/Mailings** Volunteers offer assistance to office personnel by shredding documents, copying, filing and stamping and sorting for mailings plus other tasks as needed.
- Assist with Fundraising** Volunteers offer assistance to marketing/fundraising director with various duties to prepare for and assist the day of the fundraising events.

Please check below when you would be willing to volunteer your time:

- |                 |                                |
|-----------------|--------------------------------|
| _____ Sunday    | _____ Mornings                 |
| _____ Monday    | _____ Evenings                 |
| _____ Tuesday   | _____ Every Week (3-4 hours)   |
| _____ Wednesday | _____ Once a month (6-8 hours) |
| _____ Thursday  |                                |
| _____ Friday    |                                |
| _____ Saturday  |                                |

How did you find out about Children's Aid Society and this volunteer opportunity? \_\_\_\_\_

**References**

List three people you know who are not relatives or employers (present or past) who know you well enough to comment on your personal qualities. If you have previously volunteered, please include the name, address, and phone number of your volunteer supervisor.

- | <u>Name</u> | <u>Address</u> | <u>Phone #/Email</u> |
|-------------|----------------|----------------------|
| 1. _____    | _____          | _____                |
| 2. _____    | _____          | _____                |

3. \_\_\_\_\_

In case of an emergency, please notify:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**RELEASE OF INFORMATION**

The applicant hereby authorizes Children's Aid Society to investigate all information contained in this application. It is understood that any false information contained herein may be considered sufficient cause for dismissal. Further, this application does not serve as a contract.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please return application to the center at which you wish to volunteer. Thank you.