

**Perea Preschool
A Ministry of the Church Health Center**

Volunteer Application

Name: _____ Date: _____
S.S. #: _____

Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____
Cell Phone #: _____
Email Address: _____

Emergency Contact: _____ Phone #: _____

Days and times available to volunteer: _____

Highest Level of Education: _____

Current Employer/School: _____

Work position or College major: _____

Would you like us to keep your employer or school abreast of your volunteer service and achievement at Perea? Yes No

If yes, list contact name and phone #: _____

Special training/Skills/Hobbies: _____

Groups/Clubs/Organizational Memberships: _____

Please describe prior volunteering or other relevant experience and include organizational names and dates of service: _____

Why do you want to volunteer for Perea Preschool and what do you want to gain from this volunteer experience? _____

Have you worked or volunteered in a preschool before? Yes No

Have you ever been convicted of a felony including any involving a suspended sentence? Yes No

Have you ever been reported for child abuse or neglect? Yes No
If yes, what and when: _____

Please list 3 people who know you well and can attest to your character and skills:

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>	<u>Length of time known</u>
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1.

2.

3.

I have received the Perea Preschool Volunteer Manual and the information has been reviewed with me. This has provided me with general volunteer training, and I understand I will receive “on the job” training by the Teaching Staff in the specific duties I will perform in the Perea classroom. By signing this form, I am affirming that all the above statements I have made are true and factual to the best of my knowledge. I understand that misrepresentations or omissions may be cause for my immediate rejection/termination as a volunteer for Perea Preschool.

Signature: _____ Date: _____