

CHILDREN'S LEARNING CENTER VOLUNTEER FORM

Date Form Completed: _____

Name: _____

Date of Birth: _____

Gender: ___ Male ___ Female

Social Security: _____

Address: _____
Street/ P.O. Box

_____ City

_____ State

_____ Zip Code

Home Phone: _____ **Work Phone:** _____ **Cell:** _____

Languages: _____ **T.B. Test:** _____ **Date** _____

Volunteer Category: ___ Parent ___ Former Parent ___ Other Community Member

Profession: _____

Availability: _____

Volunteer Services:

___ Classroom Education ___ Fundraising ___ Maintenance/Construction

___ Food Service ___ Transportation ___ Policy Council/Committees

___ Field Trips ___ Material Preparation ___ Grantee/Delegate Board

___ Office Work ___ Support to Families ___ Other:

Specify _____

Program Primarily Using Volunteer:

Volunteer Coordinator: _____

Comments: