



NAME: _____	TELEPHONE NO.: _____
ADDRESS: _____	
CITY/STATE: _____	ZIP CODE: _____
Driver's License: Yes <input type="checkbox"/> No <input type="checkbox"/>	State Issued: _____
Contact Person in Case of Emergency: _____	
Relationship: _____	Telephone No. _____
Do you have a child in our Head Start Program: Yes <input type="checkbox"/> No <input type="checkbox"/>	
PRESENTLY EMPLOYED: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Present Employer: _____	Job Title: _____
Number of Hours You Work: _____	Length of Employment: _____
EDUCATION AND TRAINING:	
Present or Highest Grade: 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> College <input type="checkbox"/> Graduate School <input type="checkbox"/>	
Trainings: _____	Languages: _____
SKILLS, INTERESTS AND HOBBIES: _____	
DO YOU HAVE ANY VOLUNTEER INTERESTS: _____	
AVAILABILITY: Short Term <input type="checkbox"/> Long Term <input type="checkbox"/> Special Projects <input type="checkbox"/> Hours Available _____ week / month	
TYPE OF WORK YOU WOULD LIKE: (Check all that apply)	
Work with Children: <input type="checkbox"/> Work with Administrative Staff: <input type="checkbox"/> Other: _____	
TIME OF WORK YOU PREFER: I am flexible: _____ Weekdays: _____	
Times during the week that I cannot volunteer: _____	
HAVE YOU EVER BEEN CONVICTED OF A CRIME? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please explain: _____	
LIST REFERENCES:	
1. _____	Telephone No.: _____
2. _____	Telephone No.: _____
SIGNATURE _____	DATE _____