

First Year Volunteer

Consecutive Year Volunteer

Agency Volunteer Application



Luzerne County Head Start, Inc., 23 Beekman Street, Wilkes-Barre, PA 18702

Parent Volunteer ____ **Community Volunteer** ____ **Student Volunteer** ____

Volunteer Name: _____
Last First Middle Initial

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Relationship to Child: _____ Primary Language: _____

Head Start Child's Name: _____ Center: _____

Family Worker: _____ Teacher: _____

Agency Represented: _____

What days and times would you like to volunteer?

Monday AM Tuesday AM Wednesday AM Thursday AM Friday AM
 PM PM PM PM PM

Weekends (when available)

How frequently would you like to volunteer:

Occasionally Weekly Monthly

In what way (s) would you like to volunteer? (Please check all that apply)

Classroom Family Engagement Health Services Maintenance Services Nutrition Services

Previous volunteer experience:

Special Skills/ Abilities/ Interests

Emergency Contact Information

In the event of an emergency, whom should we contact?

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Special Medical Conditions: _____

Allergies: _____

Current medications: _____

Doctor: _____ Phone #: _____

Hospital of Choice: _____ Medical Insurance: _____

1. I verify that all information provided on this application is true and correct to the best of my knowledge.
2. By signing I authorize Head Start Staff to administer basic first aid. I understand that the nearest hospital will be utilized if necessary.

Print Name

Signature

Date