

Luzerne County Head Start, Inc.  
**Agency Volunteer Application**

First Year Volunteer       Consecutive Year Volunteer

**Volunteer Type:**    Parent    Community/Agency: \_\_\_\_\_    Student

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

Last

First

Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Child's Name:(If applicable) \_\_\_\_\_ Primary Language: \_\_\_\_\_

**What days and times would you like to volunteer?**

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

**How frequently would you like to volunteer?**

Occasionally       Weekly       Monthly       Weekends (When Available)

**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:**

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

**Volunteer's Health Information:**

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 authorize Head Start to obtain emergency transportation and care when required. I understand that the nearest hospital will be utilized if necessary.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date