

**Woonsocket Head Start Child Development Association, Inc.**  
**204 Warwick Street Woonsocket, RI 02895 401-769-1850 Fax 401-769-1854 [www.whscda.org](http://www.whscda.org)**

**Volunteer Application**

This application will be given every consideration, but its receipt does not imply that the applicant will be accepted as a volunteer. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered. You must complete this application in full even if you attach a resume. **Please do not write "see resume".**

**How did you learn about us?**

Newspaper  Internet  Friend  Relative  Walk-In  Search Consultant  Other \_\_\_\_\_

**I'm interested in Volunteering for:**

Committees  Board Member  Classroom Helper  Kitchen  Janitorial  Other \_\_\_\_\_

**Please fill in all of the requested information and sign where indicated.**

<b>Legal First Name</b>	<b>Full Middle Name</b>	<b>Legal Last Name</b>	<b>Office Use App Received By:</b>
<b>Maiden Name (if married in last 7 years)</b>	<b>Birth Date</b>	<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Driver's License #</b>	<b>State Issued/Expiration</b>	<b>OR State ID # and State Issued</b>	<b>Office Use Person Verifying ID:</b>
<b>Home Telephone(Include area code)</b>	<b>Cell Phone</b>	<b>E-mail address</b>	<b>Best Time to Reach You</b>
<b>Previous Address (if lived at current address less than 2 years)</b>	<b>City</b>	<b>State</b>	<b>Zip</b>

Current Employer \_\_\_\_\_ Address \_\_\_\_\_

Work Telephone (Include Area Code) \_\_\_\_\_ Extension \_\_\_\_\_

What is your availability? (Check all that apply)  Mornings  Afternoon  Early Evening

Monday  Tuesday  Wednesday  Thursday  Friday

**Professional Reference (Employment, School, Church, or Other Organization)**

Organization Name \_\_\_\_\_ Your Position/Role \_\_\_\_\_

Organization Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Organization Contact Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Personal Reference (Non-relative, known at least 1 year and must be different from Professional Reference)**

Contact Name \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Contact Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Disclosure: All applicants must answer the following question.**

Have you ever been convicted of any crime (excluding minor traffic violations)  Yes  No If yes, state the offense, location, date, and disposition. \_\_\_\_\_

"I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and active volunteer status may be terminated at any time. A check of the volunteer applicant's criminal history may be made to verify the responses to the volunteer application disclosure questions for the sole purpose of ensuring the safety of its staff, children, other volunteers, and visitors. No applicant will be denied volunteer status solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered. In consideration of my volunteer application, I agree to adhere to the policies and regulations of Woonsocket Head Start Child Development Association, and I agree that my volunteer status can be terminated, with or without cause, and with or without notice, at any time by Woonsocket Head Start Child Development Association, Inc."

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_