

Woonsocket Head Start Child Development Association, Inc.
204 Warwick Street Woonsocket, RI 02895 401-769-1850 Fax 401-769-1854 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.

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.

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

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 _____