

HEAD START OF LANE COUNTY

221 B St. Springfield, OR 97477 - (541) 747-2425 Fax (541) 747-6648

www.hsolc.org

VOLUNTEER APPLICATION

PERSONAL INFORMATION

Name: _____

First Middle Initial Last

Address: _____

City, State and Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Are you related to a current Head Start of Lane County employee? Yes ___ No ___

If yes, provide name of relative: _____

Are you 18 years of age or younger? Yes ___ No ___ (if yes how old are you? _____)

VOLUNTEER INFORMATION

Volunteer position applying for:

_____ College Student _____ Community Volunteer _____ Head Start Parent

Is there a particular Head Start site that you are applying for? _____

Date available to begin: _____

Length of availability: _____

Days and hours that you are available:

Monday Tuesday Wednesday Thursday Friday

Why do you want to volunteer for Head Start? _____

List any special skills or hobbies that you have:

VOLUNTEER EXPERIENCE

Name & Address of Organization		Supervisor's Name & Phone
Your Title	Your Duties	
From: Mo. & Yr. To: Mo. & Yr.		
Name & Address of Organization		Supervisor's Name & Phone
Your Title	Your Duties	
From: Mo. & Yr. To: Mo. & Yr.		

PERSONAL REFERENCES

please list at least three references (non-relatives) who have first-hand knowledge of your ability, character and personality.

Name	Relationship	Phone
1. _____		
2. _____		
3. _____		

I understand that I am required to be enrolled in the Child Care Division - Criminal History Registry at the time of placement and this must be renewed every two years if I am still a volunteer. I also give my consent to Head Start of Lane County to contact my references. I also understand it is my obligation to notify the Volunteer Coordinator or Human Resources at the point that I am no longer volunteering with Head Start of Lane County.

Signature of Applicant

Date of Application
