

# HEAD START OF LANE COUNTY

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

www.hsolc.org

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## 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? \_\_\_\_\_)

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### 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: \_\_\_\_\_

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## 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. _____		

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

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

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