

# PARENTING PLACE

## Volunteer Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ (please indicate best method of contact)

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

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

Present Place of Employment: \_\_\_\_\_ How long? \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

Availability—*please write times you are available:*

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_

**I am interested in volunteering for (check all items you are interested in):**

- Children's Activities
- Resource Management— donation closet and food pantry
- Office/Administrative
- Web Work
- Other

**How did you hear about Parenting Place?**

**Please tell us why you would like to volunteer at Parenting Place:**

**Please list your skills, qualifications, and interests:**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If applicant is under 18 years of age:**

Print name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*For Office Use Only:*

Date approved: \_\_\_\_\_ Date of Volunteer Orientation: \_\_\_\_\_