

**ANOKA/WASHINGTON COUNTY HEAD START**

9574 Foley Blvd. Coon Rapids, MN 55433 • (763)783-4300 • Fax (763)783-4333 • TTY (763)783-4724

**VOLUNTEER APPLICATION**

NAME		HOME PHONE
ADDRESS		WORK PHONE
CITY	STATE	ZIP

Do you have a driver's license?      YES      NO      State Issued \_\_\_\_\_

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

Skills, Interests and Hobbies \_\_\_\_\_

\_\_\_\_\_

What are your volunteer interests? \_\_\_\_\_

\_\_\_\_\_

Type of work you would like (check all that apply):

\_\_\_\_\_ Work with children      \_\_\_\_\_ Work in office      \_\_\_\_\_ Other (explain) \_\_\_\_\_

Availability:

\_\_\_\_\_ Short Term      \_\_\_\_\_ Long Term      \_\_\_\_\_ Special Projects

I am available: \_\_\_\_\_ hours per week      \_\_\_\_\_ hours per month

Time of work I prefer:

\_\_\_\_\_ Morning      \_\_\_\_\_ Afternoon      \_\_\_\_\_ Evenings      \_\_\_\_\_ Flexible      \_\_\_\_\_ I am not available \_\_\_\_\_

List any additional information you would like us to know \_\_\_\_\_

\_\_\_\_\_

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

<b>FOR OFFICE USE:</b>	VOLUNTEER ASSIGNMENT _____
	START DATE _____ TIME _____