

Volunteer application

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Thank you for offering to help! Everyone who volunteers with children at [Program name] fills out this application. Depending on the role, we may also ask for a background check and training before you start.

About you

Full name _____

Cell phone _____

Email _____

Address _____

If you're under 18, your age and school _____

Your connection to the program

Your children in the program (if any) _____

How did you hear about volunteering with us? _____

How you'd like to help

Check all that interest you.

- ☐ Field trip chaperone
- ☐ Classroom or activity helper
- ☐ Special events
- ☐ Coaching or teaching a skill
- ☐ Office help or fundraising
- ☐ Driving (we'll ask for a driver's license and proof of insurance)

Other _____

Availability

Days and times you're available _____

Date you could start _____

Experience and skills

Experience working with children _____

Skills, languages or certifications (such as first aid or CPR)

Anything you'd need from us to volunteer comfortably (optional)

References

Two adults who aren't related to you and who've seen you with children or at work.

Name, relationship, phone _____

Name, relationship, phone _____

Background

A yes answer doesn't automatically rule you out.

Have you ever been convicted of a crime, other than minor traffic violations? If yes, please explain.

Has a child protection agency ever found that you abused or neglected a child, or are you listed on any child abuse or sex offender registry? If yes, please explain.

Agreements

Please read and check each one.

- ☐ I agree to a background check if my role requires one, and I'll fill out the separate consent form
- ☐ I'll follow the program's child protection rules, including never being alone with a child out of sight of staff
- ☐ I'll keep information about children and families private
- ☐ I'll complete any training the program requires before I start
- ☐ I'll tell [director] right away if I see or suspect abuse or neglect, and I'll report it to the authorities as state law requires

Signature

The information on this application is true. I understand the program may check my references and may decide not to accept me as a volunteer.

Printed name _____

Signature _____

Date _____

Parent or guardian signature (if the volunteer is under 18)

For office use only

References checked (by whom and date) _____

Background check cleared (date) _____

Training completed (date) _____

Approved for (roles), approved by and date _____

Free to use and change, but not legal or medical advice. Check your state's licensing rules and your insurer's requirements, and have a lawyer review any consent or waiver language.

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