Form # 10.03A

Upper East Tennessee Human Development Agency, Inc.
Head Start Program
Community Volunteer Application

Name: _____ Address: _____

City _____ State: _____ Zip: _____

Phone: _____ Under 18 _____ Over 18 _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Driver's License: Yes ☐ No ☐ State Issued: _____

EMPLOYMENT:

Employed: Yes ☐ No ☐

Name of employer: _____

Job Title: _____

Hours you work: _____ Length of employment: _____

EDUCATION AND TRAINING:

Highest grade completed: Less than 9th ☐ 9th ☐ 10th ☐ 11th ☐ 12th ☐ GED ☐

1-2 yrs. College College Degree

Training (CDA, computers, etc.): _____

SKILLS, INTERESTS, AND HOBBIES: _____

Volunteer interests (check all that apply):

_____☐ working with children

_____☐ working with parents

_____☐ working with Administrative/Support Staff

_____☐ working with Component Coordinators such as Health, Nutrition, Transportation, Mental Health/Disabilities, Social Services, Parent Involvement

AVAILABILITY:

Short term ☐ Long term ☐ Special Projects ☐

Number of hours you can work: per week _____ per month _____

Time and days of the week you are available: _____

BACKGROUND QUESTIONS:

Have you been convicted of a felony within the last seven years? Yes ☐ No ☐

Have you even been convicted of child abuse? Yes ☐ No ☐

Have you ever traveled outside the United States? Yes ☐ No ☐

If yes, please specify where & when: _____

_____

REFERENCES: (Name, address, and telephone number)

1. _____

   _____

2. _____

   _____

3. _____

   _____

I hereby verify by my signature below that the information given on this application is true and accurate to the best of my belief and knowledge.

_____ _____

Signature of applicant Date