



The Children's Learning Center

Head Start, Pre-School, and Child Care
650 NE A Street, Madras, OR 97741
Phone (541) 475-3628 -- Fax (541) 475-2583

VOLUNTEER APPLICATION

Personal Information

Name _____ Date _____

Mailing Address _____

Physical Address _____

Phone Number _____ Are you 18 your or older? Yes No

Cell/Alternative Phone _____ Are you eligible to work in the US? Yes No

Do you have any of the following?

Criminal History Registry through CCD First Aid/CPR Food Handler's Card

Are you bilingual? Yes No Language: _____

Subjects of special study, certifications, and/or accreditations _____

Special Skills _____

Which areas would you be most interested in spending your volunteer time (classroom reading, field trips, art, office/clerical assistance) _____

Volunteer Preferences

Please list day(s) of week you would like to volunteer: _____

Time of Day: Morning Afternoon Either

Which age group would you prefer? 0-3 yrs 3-5 yrs Both

