Volunteer Opportunity

Name: _____________________________________________________________

Phone: ______________________ Email: _____________________________

Learn about young children and quality childcare programs while having fun! Assist teachers with recreation, arts, outdoor play, singing or indoor games.

Volunteers will complete one hour of training prior to starting. Volunteers are expected to maintain a regular schedule.

Days volunteers can work: Monday through Friday
Ideally Scheduled between 8:30am–12:30pm, or 2:00pm–5:30pm (Children eat lunch and nap between 12:30–2pm daily)

Describe experiences you’ve had working with young children.

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

What activities do you enjoy? _______________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

What kinds of experiences would you like to have while volunteering? __________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

Have you been convicted of a felony within the last 7 years? ☐ YES ☐ NO

If yes, please explain: ______________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
References: Please list the names of 2 people, not related to you, who can comment on your character.

1. ___________________________________________ ______________________________________
   name phone

2. ___________________________________________ ______________________________________
   name phone

All volunteers must have a current TB test before starting at MCDLS. ____________
   date of test

Please list the days of the week and times you would like to volunteer for.

________________________________________
________________________________________
________________________________________

Do you need to complete certain requirements as a volunteer? (For example, do you need to host an activity with the children, or do we need to keep track of your hours?)

Please Explain:

________________________________________
________________________________________
________________________________________

I give Miller Child Development Laboratory School permission to contact the references listed above.

________________________________________
Signature of Applicant date

Date received____________ Date trained____________ by____________ Date to start____________