

## Ben and Maxine Miller Child Development Laboratory School

## **Volunteer Opportunity**

Name:		
Phone:	Email:	
	g children and quality childca utdoor play, singing or indoor	re programs while having fun! Assist teachers with games.
Volunteers will co regular schedule.	mplete one hour of training p	rior to starting. Volunteers are expected to maintain a
Ideally Scheduled between 12:30–2	between 8:30am-12:30pm,	work: Monday through Friday or 2:00pm–5:30pm (Children eat lunch and nap
Describe experier	nces you've had working with	young children.
What activities do	you enjoy?	
What kinds of exp	periences would you like to ha	ve while volunteering?
Have you been co	nvicted of a felony within the	last 7 years? ☐ YES ☐ NO
If yes, please expl	ain:	



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References: Please list the names of 2 people, not related to you, who can comment on your character. phone 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 trained\_\_\_\_\_ by\_\_\_\_\_ Date to start