

Ben and Maxine Miller Child Development Laboratory School

Volunteer Opportunity for Students

Name:			
School:			
Academic Advisor:			
Year Completed:	Phone:	Email:	
Learn about young child recreation, arts, outdoor		re programs while having games.	fun! Assist teachers with
Volunteers will complete regular schedule and co		rior to starting. Volunteers	s are expected to maintain a
Ideally Scheduled betwe between 12:30–2pm da	en 8:30am-12:30pm,	work: Monday through Fri , or 2:00pm–5:30pm (<i>Chi</i>	•
Describe experiences yo	u've had working with	young children.	
What activities do you e	njoy?		
What kinds of experienc	es would you like to ha	ave while volunteering?	
Have you been convicted If yes, please explain:	•	•	l NO
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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