



## Volunteer Expression of Interest

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (w): \_\_\_\_\_ (h): \_\_\_\_\_

**Education and Training:**

Highest Grade Completed:  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>  College or Trade School  Graduate School

Training: \_\_\_\_\_

What is your Home Language? \_\_\_\_\_ Is interpretation needed?  Yes  No

Experience With Language(s): \_\_\_\_\_

**Employment:**

Present Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hours Worked: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Do you have a child in the program?  Yes  No

Tell us about your experience working with children and/or with Head Start or Early Childhood programs:

\_\_\_\_\_

Do you have a driver's license?  Yes  No State Issued: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No

If yes, please explain:

\_\_\_\_\_

What are your volunteer interests? Check all that apply.

<input type="checkbox"/> Fun Facilitators	<input type="checkbox"/> Advisory Committee	<input type="checkbox"/> Imagination Igniters	<input type="checkbox"/> Helping Hands
<input type="checkbox"/> Mealtime Masters	<input type="checkbox"/> Care Crews	<input type="checkbox"/> Administrative Allies	<input type="checkbox"/> Other
<input type="checkbox"/> Literacy Leaders	<input type="checkbox"/> Growth Guides	<input type="checkbox"/> Outstanding Operators	<input type="checkbox"/>
<input type="checkbox"/> Policy Council	<input type="checkbox"/> Seed Sowers	<input type="checkbox"/> Communications Corps	<input type="checkbox"/>

“Other” Interests:

\_\_\_\_\_

Availability:  Short Term  Long Term  Special Events / Projects

Number of Hours: Per Week: \_\_\_\_\_ Per Month: \_\_\_\_\_ Weekdays: \_\_\_\_\_ Evenings: \_\_\_\_\_