Baltimore City
Head Start

Mayor's Office of Children & Family Success

Volunteer/Intern Application

Personal Information

Name: _____ Date of Birth: _____ (Circle) Male / Female

Occupation: _____ Organization/Company (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Home &/or Cell Phone: _____

Fax: _____ E-Mail: _____

I am (check one that best fits): **Age group:** [ ] Under 18   [ ] 18-39   [ ] 40-59   [ ] 60 & over

Parent/Guardian	Other Volunteer Type		
[ ] <u>Current</u> H.S. Parent/Guardian	[ ] Family Member (not parent/ guardian)	[ ] Middle/High School Student	[ ] Community/Organization/ Business Rep
[ ] <u>Former</u> H.S. Parent/Guardian	[ ] Retired /Senior/Foster Grand	[ ] College Student/Intern	[ ] Other _____

Name & age of child(ren) in Head Start (if applicable): _____

How did you hear about volunteering with Head Start? _____

Are you volunteering to fulfill a community service requirement? [ ] Yes [ ] No   If yes, provide the following:

Organization: _____ Name of Coordinator: _____

Phone: _____ Email: _____

Why do you want to volunteer with Head Start?/What do you want to gain from this volunteer experience? _____
_____

Educational Background

Completed	School	Area of Study/Major	Date of Graduation	Diploma/Degree/ Certificate
9th Grade				
12th Grade				
Vocational/Business				
2 yr College/Assoc.				
4 yr College/Bachelors				
Graduate +				

Current/Most Recent Employment or Volunteer Experiences

Company: _____ Phone: _____

Job Title: _____ from/to: _____

Description of Duties: _____

Company: _____ Phone: _____

Position Title: _____ from/to: _____

Description of Duties: _____

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Hobbies, Interests, Special Skills – check all that apply.

Computer Skills: [ ] Microsoft Word [ ] Access [ ] Excel [ ] PowerPoint [ ] Publisher [ ] Internet
Office Skills: [ ] Filing [ ] Typing [ ] Answering phones/Reception [ ] Using copier [ ] Using fax
Leadership Skills: [ ] Planning [ ] Organizing [ ] Coordinating [ ] Managing
Communication Skills: [ ] Writing [ ] Public Speaking [ ] Fluent Languages: _____
Other Skills: _____

Desired Volunteer/Intern Position Sought

Write the Volunteer Position you are interested in: _____
or Indicate below the types of volunteer services you wish to perform at Head Start (check all that apply).

Child Education
[ ] Read to groups children, & work with them on class projects
[ ] Work with individual children in the classroom
[ ] Chaperone on field trips
[ ] Observe children and classrooms for assessment
[ ] Help with classroom projects at home
[ ] Present to classrooms about your culture, job, or expertise
[ ] Other: _____

Child Health/Nutrition/ Mental Health/Environ. Safety
[ ] Help prepare children's meals/work in the kitchen
[ ] Eat with children, family style
[ ] Conduct health & safety checks/clean & maintain facilities
[ ] Serve on the Health Advisory Committee
[ ] Renovate and decorate the center/landscaping/yard work
[ ] Check and replenish first aid kits & medication boxes
[ ] Other: _____

Family and Community Engagement
[ ] Recruit children and families from the community
[ ] Recruit Parent and Community Volunteers
[ ] Serve on Policy Committee/Policy Council
[ ] Communicate with the public/Public Relations/Translate
[ ] Assist with identifying and partnering with community groups
[ ] Conduct Presentations/Training
[ ] Other: _____

Administrative
[ ] Provide clerical support/file/greet guests/reception/copies
[ ] Provide technical expertise/Computer/typing/data entry
[ ] Research & write for the newsletter/website/create documents
[ ] Prepare for special events/Planning/Organizing
[ ] Provide fiscal support/Accounting/Budgeting
[ ] Participate in self assessments and ongoing monitoring
[ ] Other: _____

Availability: Write the month(s) you can volunteer and start date: _____

Write the **times** you are available to volunteer in the appropriate section

Times Available	Mon	Tues	Wed	Thurs	Fri
Start Time					
End Time					
Total Hours					

Reference: Please give the names and contact information of two people who can serve as a personal or professional references

Name	Relationship to you	Phone	Length of Relationship

Emergency Contact: List two contacts to notify in case of emergency

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Affidavits and Releases: Providing a safe and secure program is extremely important to Baltimore City Head Start (BCHS). The information gathered in this application is designed to help us provide the highest quality services for our children & families. *Please note:* Answering yes does not necessarily prohibit you from volunteering with us.
Have you ever been: accused of child abuse? [ ] Yes [ ] No; convicted of a crime? [ ] Yes [ ] No. Please explain any "yes" answers. _____
_____

I authorize BCHS to seek all information relative to my volunteer application, including authorizing past employers or anyone with information about my history, education and qualifications to provide such information in response to your inquiry. The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with BCHS. Applicant Signature: _____ Date: _____

Note: Please return completed application to the Volunteer Services Coordinator or appropriate program staff.

For Office Use: Application reviewed by: _____ Date: _____

Background check? [ ] Yes [ ] No Referred for TB test? [ ] Yes [ ] No If yes, Results attached? [ ] Yes [ ] No

Approved to volunteer? [ ] Yes [ ] No Orientation Date: _____ Volunteer location: _____