



Teen Volunteer Application

CONTACT INFORMATION

NAME _____

CURRENT ADDRESS _____

EMAIL _____

PHONE NUMBER _____

EMERGENCY CONTACT INFORMATION

NAME _____

RELATION _____

PHONE NUMBER _____

SCHOOL HISTORY

CURRENT SCHOOL _____

YEAR IN SCHOOL _____

SPECIAL TRAINING, SKILLS, HOBBIES _____

GROUP/ORGANIZATION MEMBERSHIP _____

VOLUNTEER HISTORY

PAST VOLUNTEER EXPERIENCE _____

WHAT EXPERIENCES DO YOU HAVE WORKING WITH CHILDREN? _____

WHY DO YOU WANT TO VOLUNTEER AT RISE CENTER? _____

VOLUNTEER SCHEDULE AND PLACEMENT

WHAT AGE GROUP ARE YOU MOST COMFORTABLE WORKING WITH AND LEAST COMFORTABLE WITH AND WHY? (Infants, 1's, 2's, 3's, 4's, 5's). _____

PLEASE RANK YOUR INTEREST IN WORKING IN THE BELOW CLASSROOMS 1 THRU 6, 1 BEING YOUR MOST INTERESTED PLACEMENT.

Infants	_____	2 year olds	_____	4 year olds	_____
1 year olds	_____	3 year olds	_____	5 year olds	_____

PLEASE CHECK THE DAYS AND TIMES YOU ARE AVAILABLE TO VOLUNTEER.

LIST THE DATE YOU ARE ABLE TO BEGIN VOLUNTEERING. _____

	M	Tu	W	Th	F
8:00-10:00 am					
10:00-12:00 noon					
1:30-2:30 pm					

PLEASE EMAIL COMPLETED APPLICATION TO BAILEY CHAMBERS AT gbchambers@ches.ua.edu.