

# York County Head Start Volunteer Application

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip Code

Are you: 16 or older?  18 or older?

We would like to recognize you on your birthday. If that is ok, please provide the month and day of your birth date. \_\_\_\_\_

Do you have a child enrolled in York County Head Start?  Yes  No  
If so, which classroom/center? \_\_\_\_\_

How did you find out about York County Head Start?

- Website  
 College Course?

Which college/course? \_\_\_\_\_ Professor's Name \_\_\_\_\_

- Kiwanis Member Which club? \_\_\_\_\_  
 Family Member Name: \_\_\_\_\_  
 Work Where? \_\_\_\_\_  
 Other: \_\_\_\_\_

Please tell us about your special skills, hobbies, interests, languages:

What schedule would you like to volunteer?

Times: \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday

In what area of the program would you like to work?

- Classroom/Field Trips  
 Office Support  
 Cafeteria  
 Family Services/Parent Trainings  
 Health Services/Screenings  
 Other, (please explain) \_\_\_\_\_

Is there anything else you would like us to know?

Have you ever been convicted of a felony or crime against a minor?  Yes  No

If yes, please explain:

Have you ever had a found case of child abuse or neglect against You?  Yes  No

If yes, please explain:

Please provide us with three references:

Full Name	Address	Phone Numbers

I certify that the information provided on this application is complete and accurate. I understand that should any information be found false and/or if I am found to have any convictions or other information that the York County Children & Family Services administration finds would prevent me from working with children, I will be asked to stop volunteering.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
York County Head Start Staff Signature

\_\_\_\_\_  
Date

Office Use Only:

Referred to:

<input type="checkbox"/>	Education Coordinator/Comments:	_____
<input type="checkbox"/>	Family Services Coordinator/Comments:	_____
<input type="checkbox"/>	Health Services Coordinator/Comments:	_____
<input type="checkbox"/>	Manager/Comments:	_____
<input type="checkbox"/>	Administrative Assistant II / Comments:	_____

Date applicant began volunteering: \_\_\_\_\_

Information entered in Child Plus \_\_\_\_\_