



RIGHT STEPS

CHILD DEVELOPMENT CENTERS

nurturing • caring • preparing

Created: 10/1999

Revised: 07/2010

VOLUNTEER APPLICATION

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

Last Name First Name Middle Initial

Address City State Zip Code

Telephone Number(s) E-mail Address

Position Volunteering for: _____ Date of Application: _____

What days and times are you able to volunteer? _____

Location Preference (Circle all that apply.): Administrative Office The Child Care Resource Network

East Dennis Burton Wabash Landing Downtown After School Program

Child Age Preference if interested in working with children*: _____
*Must be 18 to work with infants/toddlers.

Are you a student? Yes No
If yes, is volunteer work required for school? Yes No If yes, how many hours are required? _____

Can you speak a language other than English? Yes No
If yes, what language(s) and how would you rate your fluency? _____

Have you ever filed a volunteer application with us before? Yes No

If Yes, give date _____ and last name on application, if different _____

Have you ever been employed with us before? Yes No

If Yes, give dates _____ and last name, if different. _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If Yes, please explain. _____



List any community affiliations (clubs, service organizations, etc.) you have. _____

REFERENCES

(Please list two people, not related to you, who can comment on your potential as a volunteer)

Name	Job Title	Telephone Number(s)
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Address	City	State	Zip Code
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Name	Job Title	Telephone Number(s)
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Address	City	State	Zip Code
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PERMISSION TO CONTACT

I hereby give Right Steps permission to contact the references listed above.

Signature of Volunteer	Date
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EMERGENCY INFORMATION

In the event of an emergency, notify one or both of the following people:

Name	Relationship	Phone
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Name	Relationship	Phone
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FOR OUR INFORMATION

How did you hear about Right Steps?

APPLICANT'S STATEMENT

I certify that answers given on this application herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for volunteering as may be necessary in arriving at a volunteering decision. This volunteer application shall be considered active for a period of time not to exceed six months.

I hereby understand and acknowledge that unless defined by applicable law, any volunteer relationship with this organization is of an "at will" nature, which means the volunteer may resign at any time and the Agency may discharge the volunteer at any time with or without cause. It is further understood that this "at will" volunteer relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.



In the event of volunteering, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Agency. As such I hereby understand that while volunteering for Right Steps. I may have access to **confidential information**. I agree **not** to discuss or disclose such information during or after volunteering. I understand that violation of this agreement can result in legal action.

Signature of Applicant

Date