



Maricopa County

Human Services Department – Education Division

Head Start Zero-Five Program

Volunteer Application

APPLICATION DATE _____

NAME _____
LAST FIRST MI

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE (H) _____ (WORK OR CELL) _____ (FAX) _____

E-MAIL _____ DATE OF BIRTH _____

EMERGENCY CONTACT _____
LAST FIRST MI

RELATIONSHIP _____ PHONE _____

Please list any prior volunteer experience (location, dates, and a brief description of duties): _____

EMPLOYED PRESENTLY: Yes No

PRESENT EMPLOYER _____
NAME

ADDRESS STATE ZIP CODE

PHONE _____ JOB TITLE _____

FLUENT LANGUAGE (other than English)

Language _____ Read Speak Write

Why are you interested in volunteering with the Maricopa County Head Start Zero-Five Program?

WHAT ARE YOUR VOLUNTEER INTERESTS? (Check all that apply)

- Work with children
- Work with administrative staff
- Art activities
- Maintenance
- Special events
- Other (explain) _____



Volunteer Application

AVAILABILITY:

Short Term 6 months [], Long Term 1 year [], Special Projects Episodic/Occasional [], Service Learning Determined by Educational Institution []

Hours: per week _____ per month _____

[] Prefer weekdays [] Prefer weekends [] Prefer mornings [] Prefer afternoons
[] Flexible [] Specific times _____

Are you willing to make at least a six-month commitment to the volunteer program? Yes [] No []

Do you have a site or location preference? (Please list) _____

Where did you hear about Maricopa County Head Start and our volunteer opportunities?

Do you have any pending and prior criminal arrest or charges related to child sexual abuse, other forms of child abuse and/or neglect and other convictions of violent felonies? Yes [] No []

If yes, explain and indicate their disposition _____

Please provide two personal or professional references. If volunteering in the classroom with children, you will also need to submit (1) written professional reference letter and (1) written personal reference letter.

1. Name Relationship Phone Number

2. Name Relationship Phone Number

BACKGROUND CHECK:

To ensure a safe environment for all, volunteers working with children in the classroom will be required to submit a criminal affidavit, present a valid State of Arizona Department of Public Safety Fingerprint Clearance Card, show proof they are free from tuberculosis (TB), verify their immunizations are current, and will be subject to a reference check before beginning volunteer service.

I certify that all the information on this application is correct to the best of my knowledge.

Signature _____ Date _____