



The First Step Toward Lifelong Success

VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

PHONE: _____

EMERGENCY CONTACT: _____

How did you hear of El Primer Paso?

What relevant experiences have you had with children or adults?

What would you like to do in the program? (Please check one or more)

- | | | |
|-----------------------------------|-------------------------|------------------------|
| _____ Play area | _____ Office work | _____ Arts &
Crafts |
| _____ Adult ESL Class | _____ Story Hour | _____ Field trips |
| _____ Special events | _____ Board of Trustees | _____ Fundraising |
| _____ Maintenance (ie., painting) | | |

Please indicate any other community activities or organizations in which you participate.

What days/times would you prefer to volunteer?

References:

1. _____
Name Phone

2. _____
Name Phone

Address Phone

FOR OFFICE USE ONLY

Start Date _____

Orientation _____

CARI Check _____

Fingerprints _____