



230 Washington Way
Centralia WA 98531

Volunteer Application
(please print and complete in ink)

Date _____

Name _____
(first) (middle) (last)

Address _____

City _____ State _____ Zip _____

Phone (H) _____ (C) _____

Are you over age 18? Yes _____ No _____

Interests:

I am interested in volunteering in: Administration _____ Early Learning Center _____

Group Home/Respite Center _____ Other _____

I am available on the following days or times: _____

Skills I have to offer / activities I am interested in volunteering for: _____

Education:

High School Graduate? Yes _____ No _____

Name of High School _____ Year Graduated _____

College/University? Yes _____ No _____ Name _____

Degree earned _____ Year _____

Other _____



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Employment History: (begin with most recent position)

Employer _____

Address _____

Supervisor _____ Phone _____

Nature of Business _____

Dates of Employment _____

Position(s) Held _____

Reason for Leaving _____

Employer _____

Address _____

Supervisor _____ Phone _____

Nature of Business _____

Dates of Employment _____

Position(s) Held _____

Reason for Leaving _____

Experience:

Do you have at least one year experience working with children, and if so, in what capacity or setting? _____



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Who can we thank for referring you to us? _____

References: List three non-relative references. References must be from individuals who are directly familiar with your work habits/skills.

1) Name _____ Phone(s) _____

Address _____

2) Name _____ Phone (s) _____

Address _____

3) Name _____ Phone (s) _____

Address _____

Pope's Kids Place office use:

Reference checked:

1) _____ (Date & signature)

Comments: _____

2) _____ (Date & signature)

Comments: _____

3) _____ (Date & signature)

Comments: _____
