



# Ravalli Head Start, Inc.

81 Kurtz Lane, Hamilton, MT 59840  
(406)363-1217

## Volunteer Application Form

Please print legibly in ink. Thanks.

### PERSONAL DATA

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  Male  Female  
(Last) (First) (M.I.)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Best time to contact you \_\_\_\_\_

### VOLUNTEER INFORMATION: Please check the box that best applies to your volunteer status

- Parent of Head Start Child  Former Parent of Head Start Child  Relative of Head Start Child  
 Community Volunteer  Youth Volunteer  Contract Volunteer (WEX, WBL, FGP, AmeriCorps etc)

How long would you like to volunteer at Head Start?  Short term  Long term

How many hours per week / month (please circle) would you like to volunteer? \_\_\_\_\_

### What would you like to do as a Head Start Volunteer?

- Work with children  Work with Administrative staff  Maintenance  
 Special projects  Other \_\_\_\_\_

### Days/Hours you are available to volunteer:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Weekends \_\_\_\_\_

### EDUCATION: Please check the box that best reflects your educational status:

- Current student  High School Diploma/GED  Some College  College Degree  
Area of Study \_\_\_\_\_

### CURRENT EMPLOYMENT STATUS: Please check all that apply.

- Part-time  Full Time  Student  Retired  Volunteer  Homemaker  Other \_\_\_\_\_

Please name the person we should contact in case of accident or injury.

Emergency Contact person: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Please let us know if you have medical concerns of which we should be aware.

Continue on back

Ravalli Head Start, Inc. is an equal opportunity employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, material status or disability.



**Describe your current and past volunteer or work experiences.  
(Job Title, skill required and accomplishments)**

**Job Title #1** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Job Title #3** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Job Title #2** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Job Title #4** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Personal/Professional references**

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Are you barred or have you ever been barred from working with children?** \_\_\_\_\_

**I understand that Ravalli Head Start, Inc. conducts background checks and reserves the right to contact references. I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission which becomes known to Ravalli Head Start could result in the immediate termination of my volunteer position.**

\_\_\_\_\_  
**Volunteer Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
For Office Use Only

Ref \_\_\_\_\_

Ref \_\_\_\_\_

Ref \_\_\_\_\_

Background Check \_\_\_\_\_

TB Questionnaire \_\_\_\_\_

TB Follow-up \_\_\_\_\_

Confidentiality Agreement \_\_\_\_\_

Volunteer Training/Orientation \_\_\_\_\_

Job Description/Evaluation \_\_\_\_\_