

PCDA Volunteer Application

Please Print

Position(s) applied for VOLUNTEER Date of application / /

Name
 Last First Middle

Address
 Street City State Zip Code

Telephone # () Mobile/Beeper/Secondary # () E-mail address:

Parents Name (if under age 18)
 Last First

EMERGENCY CONTACT INFORMATION

1) Name Telephone # () Relationship

2) Name Telephone # () Relationship

Physician's Name Telephone # () Address

Medical insurance Company: Number:

Allergies: Medications:

Restrictions:

Have you volunteered here before? (Circle one) Yes No If yes, when?

Dates & times available for work:

Date/s of Vacations/time off:

Skills and Qualifications

Please describe your experiences & skills working or caring for children, especially those with disabilities and special needs.

Why are you interested in this volunteer position?

Are you Bi-Lingual / Multi-Lingual? If so, please list any languages in which you are fluent (read, speak and write).

Educational Background

Name and Location	Years Completed	Did You Graduate?		Course of Study
High School				
College		Major	Degree	
Other				

I, _____, understand that this is not a paid position. I am in good health and physically fit to fulfill the work. I will make a firm commitment to volunteering regularly as discussed with PCDA. The above information I have provided is true and accurate to the best of my knowledge.

Signature of Volunteer _____ Date ____/____/____

I the parent/guardian of _____ have reviewed the above information and concur that it is true and accurate to the best of my knowledge. I Understand that although this is a volunteer position, this is a commitment to work for PCDA on a regular agreed upon schedule as discussed with staff. I will support my child to fulfill this commitment to the best of my ability. I will not hold PCDA or its employees or clients responsible for injuries that may occur during the time that my child is volunteering.

Signature of Volunteer's Parent/Guardian _____ Date ____/____/____
(*If under the age of 18 years)