Lewis ❤ Clark Early Childhood Program
Nurturing Children, Empowering Families

Volunteer or Intern Application

Reset Application

Print

Please check the appropriate box: Parent/Guardian Volunteer ☐ Community Volunteer ☐ Intern ☐

Please print your information below and then sign and date the form.

Name: _____

Address: _____ _____ _____ _____
Street City State Zip

Phone: _____ Email: _____

Driver's License: Yes ☐ No ☐ State Issued: _____

Contact in Case of Emergency: _____ Phone: _____

College (If an Intern): _____

What Volunteer Opportunities would you like to participate in? (circle all that apply)

In the Classroom | Facilities Maintenance | Grounds Maintenance | Office Work | Kitchen

Landscaping | Special Events/Projects | Other: _____

Circle Days Available: Monday Tuesday Wednesday Thursday Friday

Times Available: _____ _____ _____ _____ _____

How did you hear about us?: _____

Have you ever been convicted of a felony? ☐ Yes ☐ No

If Yes, please explain: _____

Are you willing to submit to a criminal background check? ☐ Yes ☐ No

Do you need any special accommodation? ☐ Yes ☐ No

If Yes, please explain: _____

Do you have any limitations that might affect your assignment? ☐ Yes ☐ No

If Yes, please explain: _____

I understand that my time will be spent in a volunteer capacity only.

Signature _____ Date _____

Parent/Guardian Signature (if a minor) _____ Date _____

Parent/Guardian Name Printed: _____

This Institution is an equal opportunity provider.