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: _____

Circle Days Available: Monday Tuesday Wednesday Thursday Friday

Current College Information: _____
(If an Intern)

Skills, Interests and Hobbies:

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: _____

What do you feel you can contribute to LCECP? _____

What do you hope to gain by volunteering or interning for LCECP? _____

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 _____ Date _____
(if a minor)

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