

## EAST WAYNE STREET CENTER, INC.

## VOLUNTEER APPLICATION

Program: \_\_\_\_\_

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Business Telephone
List any friends or relatives working for EWSC:			
What days/hours are you available to volunteer?			Volunteer interest areas:
List any experiences, skills, or qualifications which you feel would assist you in your volunteer efforts:			Education Completed
Do you have any physical condition, which may limit your ability to perform the particular job for which you are applying? If yes, please describe:			

**PERSONAL REFERENCES**

Name	Relationship	Address	Phone No.

**EMERGENCY CONTACTS**

Name	Relationship	Phone No.

Doctor's Name: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

VOLUNTEER UNDERSTANDING :( Head Start Only)

- Must have a TB test on file
- Must have a physical on file if they volunteer more than 8 hours each month
- Give permission to East Wayne to conduct state police checks for all volunteers working more than 8 hours a month.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_