

# Bear River Head Start Community Volunteer Application

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Profession or Major? \_\_\_\_\_

Phone (hm) \_\_\_\_\_ (wk) \_\_\_\_\_

Have you been convicted of a felony within the last five years? **Y or N**

If yes, please explain \_\_\_\_\_

Do you have any of the following?

- First Aid
- Food Handler's Permit
- CDL
- TB Test

Are you bilingual and comfortable translating Spanish? \_\_\_\_\_

Length of time you wish to volunteer? \_\_\_\_\_

What days and times are you available? \_\_\_\_\_

In what area would you like to volunteer?

- Classrooms – please circle preferred location
  - Logan                      Smithfield                      Richmond                      Hyrum
  - Millville                      Fielding                      Preston                      Soda Springs
  - Brigham City                      Malad
- Health & Wellness
- Maintenance
- Office work
- Repair work
- Yard work
- Library support

All of our volunteers must attend training on Head Start's Policies, etc. Are you willing to attend this training? **Y or N**

**Thanks for your interest in Bear River Head Start!**