

EDGEWOOD CHILDREN'S CENTER  
VOLUNTEER APPLICATION

Applicant's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Zip code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birth date \_\_\_\_\_ Social Security Number \_\_\_\_\_ Gender \_\_\_\_\_

Educational Background \_\_\_\_\_

Employer name, address and phone number \_\_\_\_\_

Previous work with children \_\_\_\_\_

What is your expectation of the Volunteer experience at ECC? \_\_\_\_\_

\_\_\_\_\_

Emergency contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address & phone number \_\_\_\_\_

Have you ever been convicted of any felony or misdemeanor criminal charge, including one in which you received a suspended imposition of sentence or any period of probation or parole? Yes \_\_\_ No \_\_\_ If yes, state details. \_\_\_\_\_

\_\_\_\_\_

Have you had a "Probable Cause" or "Reason to Suspect" finding for child abuse or neglect from a local or state child welfare agency? Yes \_\_\_ No \_\_\_ If yes, state details \_\_\_\_\_

\_\_\_\_\_

Do you consent to a driver's license check, criminal records check, child abuse and neglect check, physician's statement of health and TB test? Yes \_\_\_ No \_\_\_

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

\_\_\_\_\_