



Thank you!! We love our volunteers and are so grateful that you want to join us in the mission of helping children learn and grow to their full potential. There is no greater donation one can provide than their time. I know you will be blessed by this opportunity as you bless our children and staff with your service!

## Volunteer Application Form

*In order to be a volunteer, you must submit a signed and completed application form, have your references confirmed and consent to a background check.*

### Personal Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First M.I. Last*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a US Citizen? \_\_\_\_\_ If not, are you authorized to work in the United States? \_\_\_\_\_

What brought you to Growing Together Behavioral Center: \_\_\_\_\_

Describe your experience working with or around special needs children \_\_\_\_\_

Which of these sounds most appealing to you (circle as many as you prefer):

- admin work   arts/crafts   classroom support   cleaning   cooking   dance   data entry  
gardening   music   playing games   reading   sports   tutoring   yoga

What are your hobbies and interests, and how might they help our school: \_\_\_\_\_

What are your available hours: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO  
  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

## Work History

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

## References

*Please list three personal or professional references.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to my volunteering, I understand that false or misleading information in my application or interview may result in my release. If considered for a volunteer position on campus during school and clinic hours, I permit Growing Together Behavioral Center to complete a background check using my personal information provided above.*

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Signature

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Date