



Community Services of Northeast Texas, Inc.

Head Start

Equal Opportunity Employer

Volunteer Application

Circle one: Atlanta Bloomburg
Daingerfield / Lone Star Hughes
Springs Linden Naples New
Boston Pittsburg Texarkana

Staff Initials: _____

Date: _____

Instructions: All applications must be clearly printed; make sure the application is completed and signed.

Name: _____

Last

First

Middle

Present Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Drivers License # _____ State: _____

Do you have a child in the CSNT Head Start Program? _____ If yes, which center _____

List any trainings or certificates: _____

Languages fluent in other than English: _____

Skills, interests and hobbies: _____

What are your Volunteer interests? _____

Availability:

Short Term { } Long Term { } Special Occasions { }

Hours: per week _____ per month _____

Type of Work You Prefer:

_____ work with children _____ maintenance

_____ work with Administrative staff _____ other

Times during the week that you can not volunteer: _____

Contact person in case of an emergency: _____

Phone # _____ Relationship _____

Have you ever been convicted of a felony? _____

List References:

1. _____
Name Address phone #

2. _____
Name Address phone #

3. _____
Name Address phone #

Staff Use:	+	-
Date:		
	+	-
Date:		
	+	-
Date:		

Signature: _____ Date: _____

Administrative Use: Provide copy to Volunteer Coordinator after completion.

TB Test

Background Check

Notarized Affidavit

Date read: _____

Date submitted: _____

Date completed: _____

CD - contact In-Kind / Vol. Coordinator to schedule

Revised: 12-19-13