



Ms.P's Family & Child Services Volunteer Application

Date of Application: _____ Birthday: ____/____/____

Last Name: _____

First Name: _____

Address (*include zip code*):

Applications are accepted on a first-come, first-serve basis

Interested applicants are encouraged to apply as soon as possible.

Preferred Phone: Alt. phone: _____ *Please circle one:* Cell Home Work

Email: _____

Previous volunteer experience:

Do you speak a foreign language: Yes: ____ No: ____ (If yes list below and include level of expertise).



I, *(please print your name here)*: _____, promise that this information is true, and that I have not left out anything important on purpose.

Volunteer Signature Date

CONFIDENTIALITY AGREEMENT

I, _____ (please print) understand that any information regarding our families, donors, staff members and volunteers at Ms. P's Child & Family Services confidential.

I also understand that by signing this agreement I agree to abide by the information in the attached Ms. P's Child & Family Services Policy Relating to the Use of Technology and Internet.

Volunteer Signature Date

Print Name