

Ms.P's Family & Child Services Volunteer Application

Date of Application:	Birthday:/
Last Name:	
First Name:	
Address (include zip code):	ïrst-serve basis
Applications are accepted on a first-come, f	
Interested applicants are encouraged to app	ply 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:expertise).	No: (If yes list below and include level of



Who referred you to or how did you hear about Ms. P's Child & Family Services?
Do you have any friends or relatives volunteering at the Ms.P's? Yes: No:
If yes, who?
Relationship to you:
Desired Volunteer Job and Hours
Short Response: Why would you like to volunteer for Ms. P's Child & Family Services? Please limit your response to about 150 words. Responses will be evaluated based upon your understanding of our mission and clarity of expression



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