



Smart Start

Partnership for Children

**Smart Start Partnership for Children
Volunteer Application**

Name: _____ Gender: _____
(First) (Middle initial) (Last)

Mailing Address:

(Street) (City) (State) (Zip)

Telephone: Home (____) ____-____ Cell (____) ____-____

Email Address: _____

Emergency Contact:

Name: _____ Relationship _____ Phone: (____) ____-____

Employer: _____ Job Title/Occupation: _____

Education:

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate School: 1 2 3 4

Major or degree completed/attempted: _____

School Name if presently attending School: _____

Please list previous volunteer service, if any: _____

Special Talents/Skills/Training/Education: _____

Which language(s) (besides English) do you speak fluently? _____

Would you be willing to interpret/translate documents in this (these) language(s) if needed?: _____

List any health issues you may want Smart Start to be aware of: _____

How would you like to be acknowledged for your service? _____

Please select the days and times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please indicate the type of Volunteer work you are interested in at this time: *Check all that apply*

- Data entry
- Fundraising
- Registering children to receive books at community events
- Sorting and organizing books for early literacy programs
- Communicating with families of registered children
- Providing interpretation assistance at community events
- Translating written material from English to Spanish
- Running errands like picking up or dropping off books around Henderson county
- Other (*please specify*): _____

Please list two references (not relatives):

Name: _____ Relationship: _____
(First) (Last)

Phone: (____) _____ - _____ Email Address: _____

Name: _____ Relationship: _____
(First) (Last)

Phone: (____) _____ - _____ Email Address: _____

I understand that my participation is voluntary and I am not required to do anything I am uncomfortable doing. It is my responsibility to communicate to let Smart Start know if I am uncomfortable or need to stop a task for any reason.

Signature: _____ Date: _____

Mail, Email, Fax, or Deliver Application to:
Smart Start Partnership for Children
722 Fifth Avenue West Hendersonville, NC 28739
Phone (828) 693-1580 - Fax (828) 693-9659
Email carrieann@smartstartpfc.org
Visit our Website at: www.smartstartpfc.org

Thank you for your interest in volunteering with Smart Start Partnership for Children.