



**Smart Start of Henderson County
Volunteer Application**

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

Mailing Address:

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

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

E-Mail 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) do you speak fluently? _____

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

Please select the days and times you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						
Evening						

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

- Data-entry
- Fund Raising
- 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
- Other (please specify): _____

Please list two references (not relatives):

Name: _____ Phone: (____) ____ - _____
(First) (Last)

Name: _____ Phone: (____) ____ - _____
(First) (Last)

Signature: _____ Date: _____

Mail, Email, Fax, or Deliver Application to:
Smart Start of Henderson County
722 Fifth Avenue West Hendersonville, NC 28739
Phone (828) 693-1580 - Fax (828) 693-9659
Email erica@smartstarthc.org
Visit our Website at: www.smartstarthc.org

***Thank you for your interest in volunteering with Smart Start of Henderson County.
You will be contacted soon!***