



**Volunteer Application Form**

*Thank you for your interest in volunteering with Giraffe Laugh Early Learning Centers. Please complete this form, so we can give you the best possible volunteer assignment.*

Date: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Age Group: Under 18  18-30  30-45  45-60  Over 60   
Sex: Male  Female   
Referral Source: \_\_\_\_\_

**Special Skills, Training, Hobbies:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Volunteer Experience:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reference:**

Agency/Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please refer to the Volunteer Descriptions and Requirements in the Volunteer Manual. List which volunteer opportunity(ies) you are most interested in:**

\_\_\_\_\_  
\_\_\_\_\_

Availability: Days \_\_\_\_\_ Times \_\_\_\_\_

Hours per week preferred \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_



Ensuring School Readiness



Empowering Families



Building Strong Futures