



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