



Annie Malone Children & Family Service Center VOLUNTEER APPLICATION

PERSONAL INFORMATION		
Name (Mr., Mrs., Ms., Miss)		Today's Date
Current Address	City/State/Zip	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Home Phone	Work Phone	Cellular Phone
Email Address	Do you check your email daily?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Birth Month Day Year
Have you previously been employed or volunteered at Annie Malone? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when?
Are you related to a child enrolled in our facility? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?
Have you ever been involved in any law violations, other than a traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type?
How did you hear about our volunteer program? (please circle) Walk-in Friend Web-page School Media Brochure Other (please explain)		
Highest level of education completed?		
Are you currently: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Homemaker		
EMPLOYMENT		
Current Job Title		Dates of Employment
Employer's Name	Employer Address	
City/State/Zip		Phone
AVAILABILITY		
Days Available to Work (please circle) Sun Mon Tues Wed Thur Fri Sat		
Times Available to Volunteer (please circle) Morning Afternoon Evening		
What date are you available to start as a volunteer?		
Are you willing to accept orientation, training, and general direction from teachers, caseworkers, supervisors, and others directing the Volunteer Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, why not?
VOLUNTEER EXPERIENCE		
List previous volunteer experiences:		
Age range interested in volunteering with (please circle): 0-2 years old 3-5 years old 6-9 years old 10-14 years old 15-19 years old 20-34 years old 35-54 years old 55-64 years old		
Areas of volunteer interest: <input type="checkbox"/> Tutor <input type="checkbox"/> Story Reader <input type="checkbox"/> Field Trip Helper <input type="checkbox"/> Fundraising <input type="checkbox"/> Clerical/Office Work <input type="checkbox"/> Audio Visual/Photography <input type="checkbox"/> Exhibits/Fairs <input type="checkbox"/> Role Model (PAL) <input type="checkbox"/> Special Events <input type="checkbox"/> Intern <input type="checkbox"/> Building/Grounds Maintenance <input type="checkbox"/> Renovation Projects <input type="checkbox"/> Arts & Crafts		
(over)		

EMERGENCY CONTACT INFORMATION	
Contact Name	Relationship
Day Phone	Evening Phone
VOLUNTEER APPLICANT STATEMENT	
As a volunteer, I agree to abide by the policies of Annie Malone Children and Family Service Center and I certify that the above information is true and correct.	
Signature:	Date:

OPTIONAL EQUAL OPPORTUNITY INFORMATION
Annie Malone Children and Family Service Center receives funds from many sources. We are asked to provide statistics on our staff and volunteers. Please give us the following information so that our statistics can be accurate. This information is voluntary.
Ethnicity (please circle): African American Asian American Caucasian Hispanic Native American
Disabled: ____ Yes ____ No Please explain physical limitation

Please return application to:
 Annie Malone Children and Family Service Center
 2612 Annie Malone Drive
 St. Louis, Missouri 63113
 Fax: (314) 531-0125
Questions:
 Phone: (314) 531-0120
 Email: jndavis@anniemalone.com