



**INTERNSHIP/PRACTICUM/VOLUNTEER APPLICATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**Volunteer dates:**

Begin \_\_\_\_\_ End \_\_\_\_\_

**Volunteer schedule:**

Days \_\_\_\_\_ Times \_\_\_\_\_

_____	_____
_____	_____
_____	_____
_____	_____

Required Course (or other reason) for which you are volunteering \_\_\_\_\_

\_\_\_\_\_

Instructor \_\_\_\_\_

UIC  Non-UIC  specify organization: \_\_\_\_\_

*Please submit a copy of your resume or course syllabus.*

**I understand that I will be under the immediate supervision of the classroom teacher and that I am NOT to work unsupervised with children. I also understand that I will NOT be paid for volunteer time. Any inappropriate interactions with a child or children or failure to comply with the Center's Discipline Policy will be cause for my immediate dismissal.**

\_\_\_\_\_  
Signature of Student/Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Site Director

\_\_\_\_\_  
Date



### GROUP VOLUNTEER QUESTIONNAIRE

**Organization's Name:** \_\_\_\_\_ **Number of volunteers:** \_\_\_\_\_

**Name of contact person:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Please check the ways that you would like to help:**

In the Classroom	Outside the Classroom
<input type="checkbox"/> Assist the children in Interest Areas	<input type="checkbox"/> Provide ingredients for cooking activity
<input type="checkbox"/> Help children work on specific skills	<input type="checkbox"/> Provide supplies for special projects
<input type="checkbox"/> File children's work and change display boards	<input type="checkbox"/> Make playdough
<input type="checkbox"/> Assist in cleaning of classroom	<input type="checkbox"/> Sew and/or mend classroom items
<input type="checkbox"/> Help on a Family Day	<input type="checkbox"/> Assist in organizing library
<input type="checkbox"/> Be a Mystery Reader!	<input type="checkbox"/> Assist in gardening
<input type="checkbox"/> Be a guest speaker	<input type="checkbox"/> Assist in cleaning of center
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

Please circle all the days and times that you are available to help:

<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

\_\_\_ Once a week                      \_\_\_ Once a Month                      \_\_\_ As Needed

\_\_\_ 30 minutes                      \_\_\_ 1 hour

Do you have an occupation, hobby, or something special that you would like to share with the children? If yes, please describe below: