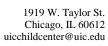


INTERNSHIP/PRACTICUM/VOLUNTEER APPLICATION

Name	
Address	
Phone	
Emergency Contact	
Phone	
Relationship	
Volunteer dates: Begin	End
Volunteer schedule: Days Times	
	ich you are volunteering
InstructorUIC specify organiz	cation:copy of your resume or course syllabus.
to work unsupervised with children. I also	ediate supervision of the classroom teacher and that I am NOT o understand that I will NOT be paid for volunteer time. Any children or failure to comply with the Center's Discipline missal.
Signature of Student/Volunteer	
Signature of Site Director	





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	
☐ Assist the children in Interest Areas	☐ Provide ingredients for cooking activity	
☐ Help children work on specific skills	☐ Provide supplies for special projects	
☐ File children's work and change display boards	☐ Make playdough	
☐ Assist in cleaning of classroom	☐ Sew and/or mend classroom items	
☐ Help on a Family Day	☐ Assist in organizing library	
☐ Be a Mystery Reader!	☐ Assist in gardening	
☐ Be a guest speaker	☐ Assist in cleaning of center	
☐ Other:	☐ Other:	
Please circle all the days and times that you are available to help:		
MONDAY TUESDAY WEDNESDAY	THURSDAY FRIDAY	
AM/PM AM/PM AM/PM	AM/PM AM/PM	
Once a weekOnce a Month	As Needed	
30 minutes1 hour		
Do you have an occupation, hobby, or something speciplease describe below:	ial that you would like to share with the children? If yes,	