

**St. Matthew Early Childhood Center
Volunteer Application**

(Please Print)

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number		Best Time to Call	

Volunteer Opportunities (please check any you may have an interest in):			
<input type="checkbox"/> Infant Room	<input type="checkbox"/> Toddler Room	<input type="checkbox"/> 2-Year-old Room	
<input type="checkbox"/> 3-Year-Old Room	<input type="checkbox"/> 4-Year-Old Room	<input type="checkbox"/> School-Age Room	
<input type="checkbox"/> Office	<input type="checkbox"/> Other (please describe)		

I would like to help: <input type="checkbox"/> On a regular basis (Once a week+)	<input type="checkbox"/> Only as needed (Special projects)
Days/Times Available: (Check all that apply)	
<input type="checkbox"/> Weekdays 8:30-12:00	<input type="checkbox"/> Weekdays 12:30-4:30
<input type="checkbox"/> Weekend/Evening/Projects	

List any education above high school: _____

Are you employed? _____ Where? _____

Briefly describe why you are interested in volunteering at St. Matthew ECC.

Briefly describe any previous volunteer experience: _____

List 3 of your strengths: _____

List 3 of your weaknesses: _____

How do you like to spend your free time? _____
(hobbies, interests, etc.)

List any training, skills, experience, etc. that may have prepared you to help
in a specific area at St. Matthew Early Childhood Center:

References

*(Please list three people, not related to you, who can comment on your potential as an
volunteer of St. Matthew Early Childhood Center.)*

Name	Job Title	Telephone Number
Address	City	State Zip
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