

VOLUNTEER APPLICATION

The Children's Institute

One Sunset Avenue, Verona, NJ 07044

www.tcischool.org

Name: _____

Address: _____

Phone: _____ Cell: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

1. Please tell us how you heard about The Children's Institute:

2. Have you volunteered before? If so, where? What were your volunteer duties?

3. Do you have any experience working in a school setting or working with individuals with disabilities?

4. What makes you a good candidate for our volunteer program?

5. Our volunteers are with us ONE day per week for either a full day 9:00-3:00 OR a half day 9:00-12:00 or 12:00-3:00. Please let us know what day and time you are available.

VOLUNTEER APPLICATION

6. Please check the area(s) that you are interested in volunteering. We will do our best to match your interest with our needs.

- Art Music Physical Education Greenhouse
 Music Greenhouse Computers Secretarial Support

7. Please read and check:

- I understand that all TCI volunteers must complete the finger printing process. All forms will be provided by TCI.
- I understand that I will attend a volunteer orientation before starting my assignment.
- I understand that references must be checked for all TCI volunteers.

8. Please provide three references

A. Name: _____ Phone Number _____
Relationship: _____

B. Name: _____ Phone Number _____
Relationship: _____

C. Name: _____ Phone Number _____
Relationship: _____