



N.E. MILES EARLY CHILDHOOD DEVELOPMENT CENTER
VOLUNTEER APPLICATION

NAME _____ CWID# _____

DATE OF APPLICATION _____ DATE OF BIRTH _____

LOCAL ADDRESS _____

PERMANENT ADDRESS _____

LOCAL PHONE _____ PERMANENT PHONE _____

CofC EMAIL _____ OTHER EMAIL _____

CofC MAJOR/PROGRAM _____ GRADUATION: _____

Are you volunteering for a CofC class requirement? If so, what class and number of required hours?

Describe/list any prior experience(s) you have had volunteering with young children (babysitting, Sunday School, summer camps, etc.)?

Special qualifications and/or skills (i.e., CPR, First Aid, Dancing, Musical Instruments, etc.):

AVAILABILITY: **Please attach a copy of your current CofC class schedule. Circle the day(s) you are available and desired time.

Monday _____ to _____ (time) Tuesday _____ to _____
Wednesday _____ to _____ Thursday _____ to _____ Friday _____ to _____