



Educational Resources for Children, Inc.

103R Phoenix Avenue, Enfield, CT 06082

VOLUNTEER APPLICATION & INFORMATION

Today's Date: Referred By:

PERSONAL INFORMATION

Name: Phone: Address: Cell Phone: City: State: Zip: Date of Birth: Social Security #: Driver's License #: E-Mail: Emergency Contact: Phone:

WORK EXPERIENCE

Present/Last Employment: Position Held: Dates: to Address: Name of Supervisor: Phone:

OTHER INFORMATION

School Name (if Student): Grade: Volunteer Experience: Yes No What day(s) are you available: M T W Th Fr Time: 3:00 - 5:00 PM 3:00 - 6:00 PM Other Do you have any experience working with children? Please describe:

What activities do/would you enjoy doing with children?

REFERENCES (If you have volunteered in the past include Organization name and contact in your references)

- 1. Name: Organization/Business: Relationship: Phone: 2. Name: Organization/Business: Relationship: Phone: 3. Name: Organization/Business: Relationship: Phone:

BACKGROUND CHECK AGREEMENT & UNDERSTANDING

I understand that if a volunteer position is offered, a background check, screening, and/or fingerprinting will be conducted by the local and Connecticut State Police Departments.

Signed: Date: