



## Learn & PlayGroup™ Volunteer Application

Criteria used in the selection of volunteers will be such as to ensure that the individual is able to meet the confidentiality requirements of The Center for Alexandria's Children (CAC). No individual will be rejected because of race, color, religious creed, national origin, sex, age, or marital status.

### PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
(Must be over 18 years old)

Contact Information:

Address: \_\_\_\_\_

Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Please check one:  Full-Time  Part-Time  Retired  Student  Other

May we call you at work?  Yes  No

Brief description of work:

---

---

**VOLUNTEER INFORMATION**

How did you learn of The Center for Alexandria’s Children?

- Newspaper/Magazine       Friend/Relative       TV  
 Religious Organization       Website: \_\_\_\_\_  
 Other (please list): \_\_\_\_\_

Why are you interested in becoming a volunteer with the Center for Alexandria’s Children?

---

---

---

Do you have any experience working with young children and/or families? Please describe.

---

---

---

Please list any current or prior volunteer/community activity/employment experiences you have with children and families (organization, position and duration):

---

---

---

Please list any areas of expertise or special skills you could bring to the CAC as a volunteer:

---

---

---

Please indicate the period you can commit to serving as an LPG volunteer:

- 3-6 months       6-12 months       At least a year

Please indicate times you are available to volunteer:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Do you have a valid driver's license?       Yes    No

Do you have regular access to a car?       Yes    No

Please list any languages (other than English) that you speak fluently.

---

---

What are the strengths that you feel you will bring to this program?

---

---

**OTHER BACKGROUND INFORMATION**

Have you had a personal experience involving the following? If so, please explain:

Child Welfare: \_\_\_\_\_

Juvenile Court System: \_\_\_\_\_

Foster Care: \_\_\_\_\_

Other agencies offering services to a child:

---

Have you ever been convicted of a crime?       Yes    No

Have you ever been accused of a sexual related crime?       Yes    No

If YES, list convictions and dates: \_\_\_\_\_

---

**REFERENCES**

Please indicate three (3) persons of reference who know you well (non-family). If you are currently employed, please include your supervisor.

<b>Name &amp; Relationship/Title</b>	<b>Complete Address (Street, City, State &amp; Zip)</b>	<b>E-Mail Address and Telephone</b>