



Courtyard Early Learning Center VolunTEEN Application

Print application neatly and in ink.

Last Name _____ First Name _____ MI _____

Address _____ City _____ Zip _____

Date of Birth: _____ (Must be between 16 and 18 years of age at time of application)

Home phone: _____ Cell phone: _____

Email address: _____

Preferred daytime contact method: Call home phone Call cell phone Text cell phone Email me

(Please circle one.)

Do you have a current driver's license? No Yes – License number _____
State: _____

Emergency contact: _____ Emergency contact number: _____

Alternate contact: _____ Alternate contact number: _____

Is there anything we should know in case of an emergency? _____

STUDENT INFORMATION: If you are currently a student, please complete this section.

Education (circle highest) High School: 9 10 11 12 College: 1 2 3 4 GED: _____

What school are you attending? _____

Will you receive school credit for volunteering? _____ Yes _____ No _____ Don't know

CRIMINAL BACKGROUND - A pr-requisite to acceptance as a volunteer is the completion of a Criminal Background Check.

Have you ever been charged with, indicted for, or plead guilty to an offense involving a minor? No Yes

If yes, please describe all convictions for the past five years. _____

Are there any current criminal charges pending against you involving or against a minor? No Yes

If yes, please describe each in full:

AVAILABILITY

If accepted in the VolunTEEN program, what date would you be available to begin? _____

When are you available for volunteer assignments?

____:____ to ____:____ Monday

____:____ to ____:____ Thursday

____:____ to ____:____ Tuesday

____:____ to ____:____ Friday

____:____ to ____:____ Wednesday

Is there anything else involving your schedule you would like us to consider? No Yes

If yes, please explain. _____ + _____

PLEASE HELP US HELP YOU – Please provide answers to the questions below for best results in program participation.

How did you hear about volunteering at Courtyard Early Learning Centers? _____

What skills or qualifications do you have as a volunteer? (Attach list if you desire)

Is there anything in particular that you hope to accomplish by volunteering at Courtyard Early Learning Centers?

If selected for our VolunTEEN program, we will do our best to help you achieve your goals and get the most out of your experience.

Which center would be best suited for you, considering your home and school locations?

____ Creek Trail Drive location ____ Oscar Drive location ____ Either location

Which age group would you feel most comfortable with?

____ Infants (0-1) ____ Toddlers (1-2) ____ Twos ____ Threes ____ Pre-K (4-5)

I AGREE

I understand and agree that submitting this application form does not automatically register me as a Courtyard Early Learning Center Volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

I attest that the information I have provided on the form is true and accurate.

Applicant Name (Please print)

Date

Applicant Signature