



Clelian Heights School for Exceptional Children Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell: _____

Email Address: _____ Birth Date: _____

Age: 18 + yrs.

Grade Level Completed: High School: Freshman Sophomore Junior Senior

College: Freshman Sophomore Junior Senior

Degree Earned: _____

Graduate Student: 1st year 2nd year

Degree Earned: _____

Current Occupation (Employer, City, State, Zip) *If student see next question:*

School/College/University Currently Enrolled: (please give name, city and state)

Type of Volunteer Experience Desired: Summer Program General Volunteer

Volunteer Service Hours for School Credit

Previous Experience: Volunteer: _____

Paid: _____

Special Training: _____

Volunteer Days Preferred: Monday Tuesday Wednesday Thursday Friday

Number of Hours Requested: _____ Time Preference: Morning Afternoon

Schedule Restrictions (family, work schedule, etc.):

Physical Restrictions: Yes No Please Specify: _____

Briefly describe type of experience requested: _____

Are there specific requirements for your placement: YES NO

If yes, please briefly describe: _____

Request experience to be with: Children Adults No specific request

Emergency Contact Person: Name: _____

Relationship to Self: _____ Phone: (____) _____

Address: _____

Special Hobbies, Interests, Community Affiliations, etc.:

How did you find out about Clelian Heights?: _____

CLEARANCES REQUIRED: (to be obtained at volunteer's expense where applicable)

Original documents required; valid within one year of application

- Criminal Record Check
- Child Abuse Clearance
- FBI Background Check

These and other required documents (see volunteer page) must be submitted to Human Resources prior to the start of volunteer hours.

Applicant's Signature

Date

REFERENCES:

Name: _____

Address: _____

City, state zip _____

Phone: _____

Relationship: _____

Name: _____

Address: _____

City, state zip _____

Phone: _____

Relationship: _____