

6/11
3/14

Children's Learning Center

905 S. 4th St. ♦ P.O. Box 531 ♦ DeKalb, IL 60115 ♦ (815) 756-3506 ♦ www.clcdaycare.org
Nancy Teboda, Executive Director



APPLICATION TO VOLUNTEER

2-step TB test and health clearance are required for volunteering.

I. Volunteer Information.

Today's date _____

Name	First	MI	Last	Are you over age 21? <input type="checkbox"/> yes <input type="checkbox"/> no	Social Security Number - - -
Local Address	Street	City	State	ZIP	Primary Phone: <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other () -
Permanent Address	Street	City	State	ZIP	Secondary Phone: <input type="checkbox"/> cell <input type="checkbox"/> home <input type="checkbox"/> other () -
Email Address	Language(s) in which you are fluent				

II. Describe your prior experience with children. _____

III. Describe training or coursework you have completed or are currently taking that relates to children. _____

IV. List any special skills or talents you would bring to the program. _____

V. How would you describe your general health? Excellent Good Fair Poor

VI. When are you available to start? _____

VII. Check age group(s) preferred. Infants Toddlers 2s & 3s 3s & 4s 4s & 5s
 Pre-Kindergarten School-Age (K-5)

VIII. Fill in days and times you would like to volunteer. CLC is open weekdays from 6:45 am to 5:30 pm.

<u>DAYS</u>	<u>TIMES</u>	
Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To

IX. Emergency contact.

Name _____ Relationship _____
Address _____ City _____ State _____ ZIP _____
Home Phone () - _____ Cell Phone () - _____

Volunteer Name

THE ILLINOIS DEPARTMENT OF CHILDREN AND FAMILY SERVICES DAY CARE CENTER LICENSING STANDARDS REQUIRES A BACKGROUND INQUIRY.

1. Have you ever been convicted of a crime other than a minor traffic violation? yes no

2. If the answer is yes, list all pertinent details.

I verify that my answers to questions 1 and 2 are true and correct to the best of my knowledge.

Applicant Signature _____

Date _____

Witness Signature _____

Date _____

This form will be maintained in a confidential file for five years. Access will be limited to the Executive Director of Children's Learning Center and the Director of the Department of Children and Family Services or his/her designee.

REFERENCES

I recommend _____ to work with children as a volunteer.
Volunteer Name

Name _____	Relationship _____
Address _____	City _____ State _____ ZIP _____
Home Phone (_____) _____ - _____	Cell Phone (_____) _____ - _____
Signature _____	Date _____

Name _____	Relationship _____
Address _____	City _____ State _____ ZIP _____
Home Phone (_____) _____ - _____	Cell Phone (_____) _____ - _____
Signature _____	Date _____

Name _____	Relationship _____
Address _____	City _____ State _____ ZIP _____
Home Phone (_____) _____ - _____	Cell Phone (_____) _____ - _____
Signature _____	Date _____