



VOLUNTEER APPLICATION

LAST: _____ FIRST: _____ MIDDLE: _____

CURRENT ADDRESS: _____

CITY: _____ ZIP CODE: _____

HOME TELEPHONE: _____ MOBILE TELEPHONE: _____

EMAIL ADDRESS: _____

Date you are available to start: _____

Are you over 18 years of age? YES NO

If you are under 18 years of age, are you a high school graduate? YES NO

Are you currently employed? YES NO

Interested in volunteering: Administrative Office Preschool Children School Age Children

Please state why you are applying to volunteer with Footsteps Child Care:

EDUCATIONAL BACKGROUND

• **NAME OF SCHOOL:** _____

CITY: _____ GRADUATION DATE: _____

DEGREE/CREDENTIAL: _____

• **NAME OF SCHOOL:** _____

CITY: _____ GRADUATION DATE: _____

DEGREE/CREDENTIAL: _____



Footsteps Child Care, Inc.

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SKILLS AND INTERESTS

- Do you speak a foreign language? YES NO
Which language(s) _____
- Level of Fluency: Native Speaker YES NO
Speak Fluently YES NO Written Fluency YES NO
- Do you play a musical instrument? YES NO
Which one(s) _____
- Other interests, hobbies, skills, and talents:

The above information is true and complete to the best of my knowledge. I give Footsteps Child Care permission to obtain all necessary information from the references I have listed, or from any other sources, and I release all parties from any possible damages resulting from disclosing such information with or without prior written notices to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in and furnished to Footsteps Child Care.

Signature of Volunteer

Date