



## Volunteer Application

Today's Date: MM/DD/YYYY

Referred By: Name

|                    |                                  |
|--------------------|----------------------------------|
| Name               | First Name Last Name             |
| Address            | Address Line 1<br>Address Line 2 |
| City, State, Zip   | City, State, Zip                 |
| Mobile/ Home Phone | Phone Number                     |
| Email              | Email Address                    |
| Emergency Contact  | First Name Last Name             |
| Contact Phone      | Phone Number                     |

**I am interested in volunteering for: (check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Before/ After School Centers | <input type="checkbox"/> Counselor In Training Program | <input type="checkbox"/> In-Office Projects                      |
| <input type="checkbox"/> Summer Escape Day Camp       | <input type="checkbox"/> Evening Events                | <input type="checkbox"/> Annual Backpack Drive/ Distribution Day |
| <input type="checkbox"/> Summer Lunch Bunch           | <input type="checkbox"/> Weekend Events                | <input type="checkbox"/> Anywhere I am needed                    |

**Work or Volunteer Experience**

|                        |                              |
|------------------------|------------------------------|
| Present/ Last Employer | Company/ Oranization Name    |
| Position               | Title                        |
| Dates                  | From: Start Date to End Date |

**Other Information**

School Name (If Student): School Name      Grade: Grade (If summer grade in the fall)

Do you Have Previous Volunteer Experience? Yes  No

What Day(s) are you Available? M  T  W  Th  F  Sat  Sun

Time: Mornings  Afternoons  Evenings

What Experience do you have Working with Children?

List all that apply

**References-** If you have volunteered in the past please include Organization name and contact in your references

Name: First and Last Name  
Organization/ Business: Name

Relationship: Relationship  
Phone:Phone Number

Name: First and Last Name  
Organization/ Business: Name

Relationship: Relationship  
Phone:Phone Number

Print Name:

Signature:

Date:

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