



UW Oshkosh Head Start
Volunteer Application Form

Name: _____

Address: _____

Telephone #: _____ Email: _____

Reason for wanting to volunteer (ie: student teacher, field placement, community service, etc.):

Were you referred by another person/agency? _____ Yes _____ No

If yes, what is the person/agency name? _____

Please provide the following information for education/personal/character references:

Name	Address	Telephone	Relationship

Education, Training and/or Skills: _____

Volunteer Availability, Day and Time:

Monday: _____ Thursday: _____

Tuesday: _____ Friday: _____

Wednesday: _____ Saturday: _____

In case of an emergency, please contact:

Name	Address	Telephone	Relationship

Doctor/Clinic Name _____ Phone # _____

Required of all volunteers:

- ❖ Completion of background verification form
- ❖ TB Questionnaire
- ❖ Criminal background check
- ❖ Participation in orientation and training

For Center Director Use Only

Volunteer assigned to: _____ Starting Date: _____

Volunteer position: _____ Supervisor: _____

Dates of: _____ Background Verification Returned _____ Criminal Background Check Completed _____ Orientation and Training

_____ TB Questionnaire Form Returned & Faxed to HS Nurse for Approval