

Name
Home Address
City, State, Zip Code
Home Telephone # Mobile Telephone #
Email Address
Social Security # Date of Birth
Are you currently: Working Retired Student (>18 yrs old)
If Working: Occupation/Employer
If Student: School
1) Why are you interested in volunteering at Broward Children's Center?
2) Have you volunteered before? Yes No
Previous volunteer experience:
3) What days & hours are you available to volunteer?
4) Where are you interested in volunteering?
<u>Pompano Beach</u> Children's Comprehensive Care Center Preschool Group Home
Dania Beach Preschool Administrative Office

5) Please list any special s	kills or talents:	
6) In which volunteer opp	ortunities are you interested?	
Academic Tutoring/Mentoring	Administrative Assistance	
Reading Special Events _	Games & Activities Art & Mu	ısic
7) Have you ever been ch	arged with a misdemeanor or crimina	l offense?
Yes No		
If Yes, please explain:		
		
	arily eliminate potential volunteers in the application pro the offense will be considered in the approval process.	cess. The nature of the offense and
8) Emergency Contact Inf	o:	
Name	Relationship	_
Address	City, State, Zip	
Home Telephone #	Mobile #	
Applicant Signature		By signing this application,