



YEAR _____

VOLUNTEER RECORD – ABC HEAD START

NAME:

ADDRESS:

POSTAL CODE:

PHONE NUMBER:

E-MAIL:

DATE OF BIRTH:

EDUCATIONAL BACKGROUND:

VOLUNTEER EXPERIENCE:

WORK EXPERIENCE:

INFORMATION ABOUT YOURSELF THAT YOU WOULD LIKE TO SHARE: (health concerns, special interests, hobbies, family, etc)

CHARACTER REFERENCE:

Name:

Phone:

Relationship to you:



OFFICE USE ONLY

Police check _____ Date _____ Update on _____

CWIS _____ Date _____ Update on _____

Confidentiality _____