



# Muskingum County Head Start

1580 Adams Lane • Zanesville, Ohio 43701 • (740) 454-6251 • Fax (740) 454-7369

## Volunteer Application

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

Telephone Number \_\_\_\_\_

Type of volunteer:  Parent  Grandparent  Community member  Student

Emergency Contact \_\_\_\_\_

Phone \_\_\_\_\_

Physician \_\_\_\_\_

How did you become interested in volunteering for Head Start?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitation that will prohibit you from performing any assigned duties as a volunteer? \_\_\_\_\_

\_\_\_\_\_

Time commitment: please indicate when available

set schedule  whenever I can  whenever you need me

mornings only  afternoons only  few times a month

Other Volunteer Experience:

\_\_\_\_\_  
\_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

This registration will remain on file for this program year only.

Child Care Resource, Inc. makes every effort to provide “ Reasonable Accommodations” to ensure that no person on the grounds of race, color, nationality, sex, age, or handicap be excluded from participation in program services or be subject to discrimination under activities sponsored by this program/ agency.

I agree that the contents of this registration form may be used by Child Care Resources Inc. in whatever manner it may wish and that any false answers or statements made by me on this registration or any supplement thereto will be sufficient grounds for immediate dismissal.

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Signature

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Date

I understand that as a volunteer I can terminate my relationship with Muskingum County Head Start program at any time and for any reason and that the Muskingum County Head Start Program has the right.