

# VOLUNTEER APPLICATION

## **The Children's Institute**

One Sunset Avenue, Verona, NJ 07044

[www.tcischool.org](http://www.tcischool.org)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_

1. Please tell us how you heard about The Children's Institute:

---

---

---

2. Have you volunteered before? If so, where? What were your volunteer duties?

---

---

---

3. Do you have any experience working in a school setting or working with individuals with disabilities?

---

---

---

4. What makes you a good candidate for our volunteer program?

---

---

---

5. Our volunteers are with us ONE day per week for either a full day 9:00-3:00 OR a half day 9:00-12:00 or 12:00-3:00. Please let us know what day and time you are available.

---

---

---

# VOLUNTEER APPLICATION

6. Please check the area(s) that you are interested in volunteering. We will do our best to match your interest with our needs.

- Art                       Music                       Physical Education                       Greenhouse  
 Development                       Greenhouse                       Computers                       Secretarial Support

7. Please read and check:

- I understand that all TCI volunteers must complete the finger printing process. All forms will be provided by TCI.
- I understand that I will attend a volunteer orientation before starting my assignment.
- I understand that references must be checked for all TCI volunteers.

8. Please provide three references

A. Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship: \_\_\_\_\_

C. Name: \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship: \_\_\_\_\_