

VOLUNTEER APPLICATION

The Children's Institute

One Sunset Avenue, Verona, NJ 07044

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 children 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.

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6. Please rate your interests on a scale of 1-5.

1-Not Interested in this area

2-Minimally Interested in this area

3-Interested

4-Very Interested in this area

5-Very Interested and I have training/skill/talents in this area

_____ Pre-School

_____ Middle School

_____ High School

_____ Mathematics at a Middle School or High School level

_____ Reading at a Middle School or High School level

_____ Social Studies at a Middle School or High School level

_____ Science at a Middle School or High School level

_____ Computers

_____ Library

_____ Art

_____ Music

_____ Physical Education

_____ Secretarial

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 before starting in a classroom, all volunteers must complete a
half-day orientation training on one of our scheduled dates.

I understand that references must be checked for all TCI volunteers .

8. Please provide three references

A. Name: _____ Phone Number _____

B. Name: _____ Phone Number _____

C. Name: _____ Phone Number _____