

WORK STUDY/VOLUNTEER APPLICATION

Pocono Services for Families and Children
212 West 4th Street, E. Stroudsburg, PA 18301
Chris Grape-Garvey, Community Resources Coordinator
(570) 421-2711, ext. 238

Name: _____

Home Address: _____

School Address: _____

Phone: _____

Cell: _____

Email: _____

At which Head Start Center are you willing to volunteer? (Please check below)

_____ East Stroudsburg

_____ Pleasant Valley

_____ Mt. Pocono

Which days of the week are you available?

What hours are you available?

What are your areas of interest? (Classroom, office, kitchen, weekend, evenings, or special events)

Special Skills, including other languages spoken:

Date of Last Physical: _____

Copy in file: _____

Date of Last TB Screening: _____

Copy in file: _____

List of Clearances and Dates: _____ / _____ Copies in file: _____

Volunteer Signature: _____ **Date:** _____

Staff Signature: _____ **Date:** _____