



EASTER SEALS ARKANSAS
VOLUNTEER APPLICATION

Please fill out application completely

Name:	
Home Address:	
City/State/Zip:	
Daytime Phone:	Email:

Date of Birth:	
High School Attended:	
College Attended:	
Major:	
Other education and/or training:	
Employer:	Occupation:

Interests or hobbies: _____

Have you volunteered before? _____ **When?** _____

Where? _____

How did you hear about us? _____

Volunteer Application

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When are you available to start?			
Times available to volunteer:			
	Morning	Afternoon	Evening
<input type="checkbox"/> Monday			
<input type="checkbox"/> Tuesday			
<input type="checkbox"/> Wednesday			
<input type="checkbox"/> Thursday			
<input type="checkbox"/> Friday			
<input type="checkbox"/> Saturday			
<input type="checkbox"/> Sunday			

Are you trying to obtain a certain number of hours? _____

When do you need the hours completed? _____

What is your ending date, if applicable? _____

Please check the age group(s) you are interested in volunteering with:		
<input type="checkbox"/> Preschool	<input type="checkbox"/> School Aged	<input type="checkbox"/> Adults
Please check the program(s) you are interested in volunteering with:		
<input type="checkbox"/> A Child's Place Preschool	<input type="checkbox"/> Children's Rehabilitation Center	
<input type="checkbox"/> Center for Training and	<input type="checkbox"/> A.R.T.	
<input type="checkbox"/> Wellness (Adult Services)		
<input type="checkbox"/> Special Events/Fundraisers	<input type="checkbox"/> Office Work	
<input type="checkbox"/> Other: _____		
Do you want to receive emails about:		
<input type="checkbox"/> Future Individual Volunteer Opportunities		
<input type="checkbox"/> Special Event Volunteer Opportunities		

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EMERGENCY CONTACT INFORMATION

Name:

Daytime Phone:

Relationship:

REFERENCES (at least one non-relative):

1.

Name:

Daytime Phone:

Address:

City/State/Zip:

Email:

Relationship to you:

2.

Name

Daytime Phone:

Address

City/State/Zip

Email

Relationship to you

Volunteer Signature: _____ **Date:** _____

Send Completed Application to:

***Mail: 3920 Woodland Heights Rd, Little Rock AR 72212**

***Attn: Breda M. Turner**

***Email: bturner@eastersealsar.com**

***Breda M. Turner, CVM, Volunteer and Community Relations Coordinator
with any questions. Ph. 501-2273-3709. Fax: 501-227-3715**