

Reach-Up Head Start Volunteer Application

350 Hwy 10 S. Ste. 100
St. Cloud, MN 56304

Phone: (320) 253-8110

Name _____ Home Phone _____

Cell Phone _____ Other Phone _____

Address _____

Email Address _____

How did you hear about Reach-Up Head Start? _____

Reason for Volunteering: _____

If for a class, identify additional class requirements: _____

Desired Volunteer Experience: _____ Observation _____ Hands On _____ Both

Area of Interest for Volunteering: _____

Times Available: Mon. _____ Tues. _____ Weds. _____ Thurs. _____ Fri. _____

Other times available: _____

Experience/Education/Second Language: _____

Transportation: Car _____ Bus _____ Walk _____ Other _____

Volunteer Emergency Contact Information: List two names & ph #'s of Emergency Contacts.

1. _____

2. _____

Doctor: _____

Name

Address

Phone Number

Hospital: _____

Name

Address

Phone Number

Describe any health conditions Reach-Up Head Start staff needs to be aware of in case of an emergency:

