



**ROCK-WALWORTH COMPREHENSIVE FAMILY SERVICES INC.**

**HEAD START AND EARLY HEAD START®**  
*Serving Rock & Walworth Counties*

**VOLUNTEER APPLICATION**

**Check service area:**

- Classroom Volunteer
- Board of Directors
- Clerical Support
- Special Event
- Field placement, Internship, College Assignment (Dept. Supervisor or Professor should make initial contact with Family & Community Partnerships Team Leader: 608-299-1500 ext. 13)
- Other: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Print Clearly)

Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Signature & Date: \_\_\_\_\_

**Education**

High School Name: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

College/Tech. School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_

Special talents or skills: \_\_\_\_\_

**Occupation**

Current or recent employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of time: \_\_\_\_\_

**References**

Employer Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Relative or Personal Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly explain why you want to volunteer: \_\_\_\_\_

**Should you decide to become a regular volunteer with Rock-Walworth Head Start/Early Head Start, the following will be required: a TB Skin Test, copy of Recent Physical Exam, Background Information Disclosure form, HS/EHS Orientation, and other State of Wisconsin Child Care Licensing Forms.**

**Note: Costs for TB Test and Physicals are the responsibility of the volunteer.** Updated 07-2014/CH

1221 Henry Avenue  
Beloit WI 53511  
(608) 299-1500  
Fax: (608) 299-1629