



Volunteer Application

Office Use
Date received: _____

Full Name: _____ Preferred Name: _____

Birthday: _____ Gender: _____ Home Church/Religious Background: _____

Home Address: _____ City/Zip: _____

Home & Cell Phone numbers: _____

What days are you available? Mon Tues Wed Thu Fri Hours: _____

Have you worked with children before? _____ What ages? _____

Which program do you want to volunteer with? 1-3 yrs 3-5 yrs 5-14 yrs Start Date: _____

Do you have any training or certifications? (Please check all that apply)

- First Aid/CPR Certification
- Background Checked by St. Andrew – Date: _____
- Food Handlers Certification
- Recognizing and Reporting Child Abuse and Neglect
- Current Enrollment in Central Background Registry
- Oregon Registry Online Step _____
- Other Training/Skills/Certifications: _____

What gifts/ talents would you like to share with the children in the program? _____

In Case of Emergency

Allergies/Medical Alerts: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(Only applicable if under 18)



Staff Information Form

Office Use
Date received: _____

Full Name: _____ Preferred Name: _____

Birthday: _____ Gender: _____ Home Church/Religious Background: _____

Home Address: _____ City/Zip: _____

Home & Cell Phone numbers: _____

Classroom / Present Position _____

Willow Room (6 weeks to 12 months) **Maple Room** (12 months to 24 months) **Pine Room** (24 months to 36 months)

Oak Room (3 to 5 years) **Cedar Room** (5-14 Before & After School)

Start date in present program: _____ Schedule Conflicts: _____

Trainings and Certifications

St. Andrew Orientation Date: _____ Van Training & DMV Check: _____

First Aid/CPR Certification: _____ Food Handlers Certification: _____

Recognizing and Reporting Child Abuse and Neglect: _____ Background Check: _____

Central Background Registry: _____ Oregon Registry Online Step: _____

Other Training/Certifications: _____

Tell us a little about yourself:

Please use back of this sheet to tell us more about yourself if you need more space.

In Case of Emergency

Allergies/Medical Alerts: _____

Primary Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Secondary Contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____