



VOLUNTEER APPLICATION
UMATILLA-MORROW CO. HEAD START, INC.
 110 NE 4th St.
 HERMISTON, OR 97838

PHONE: (541) 564-6878

FAX: (541) 564-6879

POSITION PREFERRED: _____ DATE: _____

TIME AVAILABLE: _____

PERSONAL INFORMATION:

NAME: _____ SOCIAL SECURITY #: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (Home) _____ (Message) _____

NAMES OF CHILDREN IN HEAD START: _____

EDUCATIONAL & SPECIAL TRAINING:

NAME AND LOCATION	YEARS OF ATTENDANCE	SKILL OR DIPLOMA
Describe specialized training, apprenticeship, skills:		

BUSINESS & VOLUNTEER EXPERIENCE:

NAME AND LOCATION	TIME SPENT	JOB DUTIES

INTERESTS, HOBBIES, SKILLS:
List other experiences:
Foreign Languages (Speak, Read, Write)
Please list any Physical Limitations:

CONFIDENTIALITY AGREEMENT

I agree to preserve, in confidence, all information concerning a student, client, or staff member that may be disclosed during the course of performing the job I am assigned. I also agree not to share any information obtained while volunteering or performing other non-paid services with Umatilla-Morrow County Head Start, Inc. With individuals outside of the agency.

Volunteer Signature: _____

Interviewed by: _____

Placement of Volunteer: _____