

**Early Head Start / Head Start
Volunteer Interest Form**
(Situation #3 of Volunteer Process)

Name: _____

Date of Birth (Month/Day/Year): _____

Address: _____

City: _____ State: _____

Telephone Number: _____

E-mail Address: _____

Organization/College/

Thank you for your interest in volunteering in our program. We appreciate you dedicating your time to the Early Head Start / Head Start children, families and staff!

As part of our volunteer acceptance process, we will complete background checks if they have not already been done through your organization/program/college.

After background checks have been completed or verified as completed elsewhere and returned with no findings, you will be contacted to start volunteering in the EHS / HS program.

Reviewed by Site Leader: _____

Sign / Date

Background Check verified: _____

Sign / Date

Volunteer Contacted: _____

By / Date