

<b>Name</b>		<b>Date</b>
<b>Address (mailing):</b>		
_____		_____
Street	City	Zip code
<b>Phone numbers</b> (Place an asterisk - * - next to the phone number you prefer we use.)		
Home _____	Work _____	Cell _____
<b>E-mail address (include if you check e-mail regularly)</b> _____		
Choose: <input type="checkbox"/> Student (grade ___) <input type="checkbox"/> Adult Occupation (if applicable) _____		

## What type of volunteer activities are of interest to you?

### Central Place

- Assemble packets for outreach activities
- Assemble sack lunches/supplies for outreach activities
- Data entry on the computer
- Answer phones at Central Place

### Child Care for Special Events/Classes

- Provide child care during special events at various sites in the district

### Kids' Café

- Assemble lunches/snack bags
- Eat lunch and interact with elementary children during summer literacy outreach activities
- Guide elementary children in reading/craft activities



### Mail Movers

- Sort, label and stuff large mailings for Central Place

### New Shoes For You!

- Shopper – use donation funds to purchase tennis shoes and socks
- Distribution – assist with disbursement of shoes to families

### School Supply Giveaway

- Sort school supplies and arrange distribution, assemble information packets for parents
- Distribution – pass out supplies to parents

### Southeast Polk Clinics

- Children's clinic receptionist – greet parents/patients, provide paperwork to parent, assist in watching siblings when parent is in exam room (Tuesdays Noon-5 p.m.)

### Transportation

- Take families to appointments on an as-needed basis

# Please tell us a little bit more about you!

How did you hear about volunteering for Central Place?

What are your hobbies and interests?

Do you have any special skills or abilities that might be helpful to Central Place activities?



## What is your availability for volunteering?

Time of day: Days  Day of Monday  Wednesday  Friday   
Evenings  the week: Tuesday  Thursday  Saturday

**If you have volunteered with Central Place before:** what year did you begin volunteering? \_\_\_\_\_

## If you are a new volunteer to Central Place:

Please list two people who can tell us a little more about you as a volunteer

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to this person \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to this person \_\_\_\_\_

## Confidentiality Statement

Your volunteer commitment at Central Place Family Resource Center includes a commitment to confidentiality. Names and other client/family information of people you may come in contact with must not be shared. This commitment to confidentiality extends to communications during your volunteer activity, and afterwards in the community as well. Please respect the privacy of the others, knowing that should you ever be in need of assistance, your privacy will be respected as well! Central Place only works when people can receive trust. *(When completed mail to Central Place, 6540 NE University Avenue, Pleasant Hill, IA, 50327 or email to Cathy Beck-Cross at beckc@se-polk.k12.ia.us.)*

\_\_\_\_\_  
Signature of volunteer

\_\_\_\_\_  
Date signed