



Student Volunteer Application

Name _____

Home Address _____

City, State, Zip Code _____

Home Telephone # _____ Mobile Telephone # _____

Email Address _____

Social Security # _____ Date of Birth _____

Name of School/Year _____

1) Why are you interested in volunteering at Broward Children's Center?

2) Have you volunteered before? Yes ___ No ___

Previous volunteer experience: _____

3) What days & hours are you available to volunteer?

4) Where are you interested in volunteering?

Pompano Beach ___ Children's Comprehensive Care Center ___ Preschool ___ Group Home

Dania Beach ___ Preschool ___ Administrative Office _____

5) Emergency Contact Info:

Name _____ Relationship _____

Address _____ City, State, Zip _____

Home Telephone # _____ Mobile # _____

Applicant Signature _____

Date _____