Brockport Child Development Center

350 New Campus Dr, Cooper Hall, Brockport, NY 14420
www.brockport.edu/bccc 585-395-2273

VOLUNTEER APPLICATION

Name_____ Phone _____

Email address _____

Address_____

Hours of Availability _____

Total hours needed : _____

Which age group would you like to work with?

___ Infants
___ One year olds
___ Two year olds
___ Three to five year olds
___ School Age (5-12)
___ No age group preference

Why do you want to be a volunteer at the Brockport Child Development Center?

_____
_____
_____
_____
_____
_____

References

1._____

2._____

3._____

Have you ever been convicted of a crime in this state or any other jurisdiction?
No _____ Yes _____ If yes, please describe and explain on a separate sheet.

I understand that a false statement to any of the above questions may be reason for termination of volunteer status.

Signature_____ Date _____