

Children First Volunteer Application

General Information	
Name:	Date:
Address:	
Phone:	E-mail:
Date Available:	Date of Birth:
Desired locations or mileage willing to travel:	
Do you have your own transportation? Yes ___ No ___	
If not, how will you get to sites?	
Have you ever been convicted of a felony? Yes ___ No ___	
If yes, explain:	
Availability	
Months available to commit to volunteer work:	
Hours per week (check one): 8 hours 12 hours 16 hours 20 hours	
Please check time and days of the week you are available to volunteer:	
Mornings/Evenings Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___	
Interests	
Please check your volunteer interest(s):	
<u>Education</u> Reader Teacher's Aid Lead Teacher Curriculum Development Art and Music	<u>Health</u> Health Assessments Parent Education Counseling Nutrition
<u>Management</u> Train Staff Administration Development systems	<u>Other</u> Please list
Special Skills or Qualifications	
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.	
References	
Please provide 2-3 references that we could contact to get a better understanding of who you are and what would you bring to our organization:	
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____
Name: _____	Phone Number: _____

Send application to
 Sue Cronmiller
 4350 Von Karman Ave. 4th Floor
 Newport Beach, CA 92660
SCronmiller@meragefoundations.com
 Phone: 949.474.5884 Fax: 949.474.5811