



CHILD DEVELOPMENT
INSTITUTE

CDI Early Learning Center
Supporting Relationships that Shape Early Development

VOLUNTEER/SERVICE LEARNING STUDENT APPLICATION

PERSONAL INFORMATION					
Last Name	First Name	Middle Initial	Date		
Home Address	Street	Apt.	City	State	Zip Code
Contact Number			E-mail		
()	_____		Cell	_____	
()	_____		Home	_____	
Preferred Language: _____ Languages Spoken Fluently: _____					

AVAILABILITY AND INTERESTS						
Please indicate shift/s you are available to volunteer.						
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8:30 - 11:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9:30 - 12:30 <input type="checkbox"/>
11:00 - 2:00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11:00 - 3:00 <input type="checkbox"/>
1:30 - 4:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1:30 - 4:30 <input type="checkbox"/>
4:00 - 6:30			<input type="checkbox"/>			
How did you hear about volunteering at CDI?						
<input type="checkbox"/> Relative/Friend <input type="checkbox"/> School <input type="checkbox"/> Recruitment/Community Event <input type="checkbox"/> Other _____						
Please check the areas of interest: (Check all that apply)						
<input type="checkbox"/> Children's Activities (Ex. parent-child groups, art, music, drama, toy/book library, indoor or outdoor play, cooking, etc.) <input type="checkbox"/> Administration Support (Ex. reception area, clerical, research, computer/data entry, fundraising/mailings, committees etc) <input type="checkbox"/> Community Events/Outreach (Ex. Farmer's Market, health fairs, children/family events, etc.) <input type="checkbox"/> Developmental Screening (limited to individuals with specialized training and/or who are willing to be trained) <input type="checkbox"/> Education (Ex. adult education/professional training, family education or support groups) <input type="checkbox"/> Other _____						

