



Notre Dame Learning Center Volunteer Application

Our Mission

We at Notre Dame Learning Center work in close partnership with parents to facilitate the children's spiritual, physical, cognitive, linguistic, emotional, creative and social growth. In a safe, nurturing, earth-friendly environment, the well-trained staff of Sisters of Notre Dame and lay persons provide child-centered learning experiences that optimize development. Children experience the goodness and wonder of God in a Catholic Christian setting. They are encouraged to respect one another, to cooperate, and to take care of their surroundings.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Medical Information

Medical Information (voluntary information for sole purpose of emergency medical treatment) Do you have any acute medical conditions, which you would like us to know about? Severe allergies, etc?

Education

List name of school currently enrolled in and current grade.

School Name _____ Grade _____

List name of school for Fall enrollment (if different from above) _____

Availability

When will you be volunteering?

Dates / Times		Dates / Times		Dates / Times	



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Interests

Tell us in which areas you are interested in volunteering

Office / Administration

Outdoor Playtime

Arts & Crafts

Arrange / Organize Classrooms

Other: _____

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.

Previous Volunteer Experience

Summarize your previous volunteer experience.



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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Alternate Phone	
E-Mail Address	
Family Doctor	Phone: ()

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

I grant my permission for my daughter _____ to be a volunteer at the Notre Dame Learning Center. To the best of my knowledge, she is in good health and is able to participate in a volunteer assignment at the Notre Dame Learning Center.

Parent or Guardian (printed)	
Signature	
Date	

Consent for Treatment

In the event _____ requires emergency medical and/or emergency surgical treatment while volunteering at the Notre Dame Learning Center, I, the undersigned, hereby give my consent for any emergency medical and/or emergency surgical treatment as the attending physician and/or surgeon deems necessary. This includes the giving of anesthetics.

Parent or Guardian (printed)	
Signature	
Date	



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FOR OFFICE USE ONLY:

Applicant Interviewed by _____

Applicant Approved

Yes

No

Reason: _____

Comments