

**VOLUNTEER APPLICATION**  
**Head Start of Yamhill County**

2045 SW Hwy 18, Suite 300  
PO Box 1311  
McMinnville, OR 97128  
Phone: (503) 472-2000  
Fax: (503) 472-6539

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_  home  work  cell

Alternate Phone: \_\_\_\_\_  home  work  cell

Email (if you check it regularly): \_\_\_\_\_

Emergency Contacts: \_\_\_\_\_

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

References:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Why are you interested in volunteering with Head Start?

Interests, hobbies, skills, languages, experiences, physical limitations:

**Volunteer Placement Preferred:**

Classroom helper       Food service helper       Parent mentor  
 Child care assistant       Adult literacy coach       Community gardener  
 Translator (written or oral)       Reading buddy       Clerical assistant  
 Bus monitor       Carpentry, maintenance, yard work  
 Other (what's your talent, passion or expertise?): \_\_\_\_\_

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**Please check locations where you would be willing to volunteer:**

McMinnville Center     Dayton Center       Newberg Center     Sheridan Center  
 Administrative Office (McMinnville)

*Please note: volunteers are not reimbursed for mileage expenses.*

Do you have a location/classroom preference? \_\_\_\_\_

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**Which days are you available? Please consider morning, afternoon and evenings:**

Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
 Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_  
 Wednesday: \_\_\_\_\_ Weekends: \_\_\_\_\_

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How often would you like to volunteer? \_\_\_\_\_

Are you willing to volunteer for at least 20 hours? \_\_\_\_\_

Have you discussed volunteer placement opportunities with a Head Start employee?

No       Yes: whom? \_\_\_\_\_

Parents

Are you a current Head Start parent?  No       Yes

*If yes, names of Children enrolled:* \_\_\_\_\_

Are you a former Head Start parent?  No       Yes

*If yes, names of Children enrolled:* \_\_\_\_\_

*If yes, at  HSYC, or  Other location:* \_\_\_\_\_

Students

Are you volunteering to receive credit for college or a vocational training program?       No       Yes

*If yes, is this a paid internship or a degree-required class (such as a practicum)?*       No       Yes

Thank you!  
Please either send electronically or print and mail this form to: [volunteer@yamhillheadstart.org](mailto:volunteer@yamhillheadstart.org) or

Head Start of Yamhill County,  
Attn: Volunteer Coordiator  
PO Box 1311  
McMinnville OR 97128

**Submit now**