

FIRST CHANCE, INC. VOLUNTEER PROGRAM

Application Form

Name: _____

Address: _____

Telephone: _____ Driver License#: _____ Birthday: _____

BACKGROUND INFORMATION:

What is your educational background? _____

Have you ever been or are you employed now? Yes _____ No _____

If so, where? _____

What are your interests and skills? _____

What church, clubs or organizations do you belong to or are active in? _____

Have you had experience in working with children? Please describe: _____

Do you have children or grandchildren in Benton Harbor Area Schools? Yes _____ No _____

If so, please write their names, grades and schools they attend: _____

Do you have any health limitations? Yes _____ No _____ If so, what? _____

Have you had a T.B. test within the last year? Yes _____ No _____

YOUR PREFERENCES:

In which school building & grade level(s) do you wish to volunteer? _____

Check the days that you are available to volunteer (hours are from 3:15 a.m. to 6:45 p.m.):

Monday	Tuesday	Wednesday	Thursday	Friday