



# VOLUNTEER APPLICATION

LONG BEACH DAY NURSERY IS AN EQUAL OPPORTUNITY EMPLOYER  
 BY BOTH POLICY AND PRACTICE AND COMPLIES WITH  
 ALL FEDERAL AND STATE LAWS WHICH FORBID DISCRIMINATION

(CONFIDENTIAL)

NAME (LAST, FIRST, MIDDLE INITIAL)																								
STREET																								
CITY															STATE					ZIP CODE				
PHONE 1										PHONE 2														
(    )    -										(    )    -														

### AREAS IN WHICH YOU WOULD LIKE TO VOLUNTEER:

- CLERICAL     
  FACILITIES/MAINTENANCE     
  KITCHEN     
  NUTRITION  
 PRESCHOOL CLASSROOMS     
  TODDLER CLASSROOMS     
  INFANT CLASSROOMS  
 EARLY INTERVENTION PROGRAM     
  SPECIAL SKILL SUCH AS DANCE/MUSIC/ART  
 CLASSROOM SPECIAL EVENTS     
  ORGANIZATION FUNDRAISERS  
 OTHER PLEASE LIST: \_\_\_\_\_  
 \_\_\_\_\_

HOW DID YOU HEAR ABOUT VOLUNTEER OPPORTUNITIES AT LONG BEACH DAY

NURSERY? \_\_\_\_\_  
 \_\_\_\_\_

**Due to regulations LBDN volunteers must meet or pass certain requirement to be eligible to volunteer. Below is list of mandatory requirements.**

**Are you able to provide proof of a negative TB test within the last year?**       YES       NO

**Are you able to receive physical clearance from your doctor to volunteer in a child care facility?**       YES       NO

**Are you able to show proof of measles vaccination?**       YES       NO

**Are you able to show proof of pertussis vaccination?**       YES       NO

**Are you able to show proof of flu shot on an annual basis?**       YES       NO

**Are you able to provide a copy of CA ID or School ID (if under 18.)**       YES       NO

**Are you willing to get a background check for child care licensing clearance?**       YES       NO

**Long Beach Day Nursery periodically has funding available to help with the costs associated with the above requirements. Please check "yes" if you are interested in financial assistance in obtaining the above requirements?**

YES       NO

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**PLEASE READ CAREFULLY AND SIGN BELOW:**

I hereby certify that all of the information contained in this application is complete and accurate to the best of my knowledge. I understand that, if offered volunteer opportunities, omissions or false or inaccurate statements on this application may result in dismissal.

If offered volunteer opportunity by LONG BEACH DAY NURSERY, I agree to abide by its policies, rules and regulations. I understand and agree that my volunteer opportunity is at-will, and therefore, my volunteer opportunity can be terminated, with or without cause, at any time, at my option or the option of LONG BEACH DAY NURSERY, unless it is modified by a specific written employment contract for a special duration which is signed by an officer of LONG BEACH DAY NURSERY, at the level of the Executive Director or above and me. This relationship may not be modified by any oral or implied agreement.

SIGNATURE OF APPLICANT	DATE SIGNED  ____/____/____
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DATE AVAILABLE  
TO BEGIN VOLUNTEERED WORK: \_\_\_\_\_

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

LIST HOURS AND DAYS YOU ARE AVAILABLE FOR VOLUNTEER WORK.

	SUN.	MON.	TUE.	WED.	THU.	FRI.	SAT.
FROM							
TO							

**LIST PERSONAL AND PROFESSIONAL REFERENCES**

PLEASE LIST THREE PERSONS THAT WE CAN CALL FOR CHARACTER  
AND/OR PROFESSIONAL REFERENCES.

**YOU MUST COMPLETE THIS SECTION IN ITS ENTIRETY EVEN IF YOU INCLUDE A RESUME.**

NAME	TELEPHONE	E-MAIL	YEARS KNOWN