



CHILDREN'S BEACH HOUSE, INC.

Wilmington Office
 100 W. 10th St. Suite 411
 Wilmington, DE 19801
 302-655-4288

Lewes Office
 1800 Bay Avenue
 Lewes, DE 19958
 302-645-9184

VOLUNTEER APPLICATION

(Please Print)

| | | |
|--|-------------|-----------------|
| Last Name: | First Name: | E-MAIL Address: |
| Nick Name: | Home Phone: | Work Phone: |
| Address: | | Cell Phone: |
| City: | State: | ZIP: |
| Emergency Contact Name & Relationship: | | Phone Number: |

Employment, Education and Volunteer Experience

Are you currently employed? Full Time Part Time Retired

Occupation: _____

Employer Name (Current or Previous): _____

Circle last grade completed:

| | | | | |
|-------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|
| High School | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |
| College | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

College Major: _____

Have you previously served as a volunteer? Yes No

If yes, areas of service: _____

- Please Check Skills/Preferences**
- Helping children at home
 - Helping children and families in the community.
 - Helping children in group
 - Community Service Projects
 - Facilities upkeep
 - Mailings/Special Projects
 - Filing Records Management
 - Data entry/Computer skills
 - Fundraising

Availability

Please check the boxes below for the days and times you are most often available to volunteer.

| | S | M | T | W | TH | F | S |
|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Morning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Afternoon | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evening | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How did you hear about our Volunteer Program? _____

PLEASE COMPLETE REVERSE SIDE

INTEREST/SKILLS (Please indicate with a check mark)

Clerical Skills:

| | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Typing | <input type="checkbox"/> Medical Records | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Filing | <input type="checkbox"/> Mailings | <input type="checkbox"/> Using copier |
| <input type="checkbox"/> Computer skills | <input type="checkbox"/> Internet skills | <input type="checkbox"/> Phone skills |

Communication Skills:

| | | |
|---|--------------------------------------|---|
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Photography | <input type="checkbox"/> Graphic Arts |
| <input type="checkbox"/> Journalism | <input type="checkbox"/> Calligraphy | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Foreign Language(s): _____ | _____ | |

Personal Skills/Hobbies to use or Teach:

| | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Hair styling/cutting | <input type="checkbox"/> Massage |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Crafts | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Knitting/Crocheting | <input type="checkbox"/> Literature/Reading | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Baking | <input type="checkbox"/> Nature/Environment | <input type="checkbox"/> Woodworking |
| <input type="checkbox"/> Fishing | <input type="checkbox"/> Boating | <input type="checkbox"/> Cards |

Sports _____
Music (singing, instruments): _____

Additional Skills/Comments: _____

REASON FOR VOLUNTEERING AT CHILDREN'S BEACH HOUSE:

Personal Reference:

Name: _____
Address: _____ Phone: _____
Relationship: _____

Applicant's Signature _____ **Date:** _____

Parental/Guardian _____

Interviewer _____ **Date:** _____

Children's Beach House Mission Statement
To help children with special needs reach their highest potential as functioning members
of their families and the community.