



## 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    9    10    11    12

College        1    2    3    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							
Afternoon							
Evening							

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.**