



366 E Brundage Street, PO Box 6351
Sheridan, WY 82801
307-673-0403 Phone
307-673-0753 Fax

Volunteer Application

Name: _____
 First Middle Last

Address: _____
 Number & Street City State Zip

Home Phone: _____ Cell Phone: _____

Additional Information:

What brought you to volunteer at First Light Early Education Center?

What specific skills, talents or gifts would you bring to First Light through your volunteer service? _____

Which area would you be interested in volunteering? (check all that apply)

- ART
- MUSIC
- THEATRE
- OUTING/FIELD TRIP DAYS
- STORY TIME
- KINDERGARTEN READINESS- ONE ON ONE
- YARD WORK
- SUMMER PROGRAM – 1 WEEK SEMINAR/CLASS
- OTHER: _____

Please briefly state how you would like to be involved in the area(s) you selected and what your schedule or availability would look like.

Come Experience the First Light Difference

www.firstlightsheridan.com
info@firstlightsheridan.com



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Are you 18 years or older? ____ Yes ____ No

Have you ever been convicted of a crime? ____ Yes ____ No
If yes, please explain: _____

Previous Volunteer Experience: (list most recent first)

Organization: _____ From: _____ To: _____

Address: _____

Position/Duties: _____

Contact Person: _____ Telephone: _____

Organization: _____ From: _____ To: _____

Address: _____

Position/Duties: _____

Contact Person: _____ Telephone: _____

References:

Please list three references that we can contact.

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Please return the completed form to First Light Early Education Center.

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