

## Cops 'n' Kids Children's Literacy Program

## **VOLUNTEER APPLICATION**

Your completed application may be submitted by e-mail to <a href="mailto:copsnkidseaston@gmail.com">copsnkidseaston@gmail.com</a>

Or print the form and mail it to: Judith Dickerson, Easton Area Community Center, 901 Washington Street, Easton, PA 18042

NAME	
ADDRESS	
PHONE (H)	(W) May we contact you at work?
EMAIL	BIRTHDAY (month/day)
EMERGENCY CONTACT	PHONE
Please list any special training, educational or experience that may apply to this volunteer po	r occupational background, hobbies or previous osition.
Please check the volunteer activities you are n	most interested in:
☐ Staffing the reading room	☐ Reading/storytelling in the reading room
☐ Book labeling/sorting/storing	☐ Reading/storytelling in classrooms
Book drives and/or book distribution	Community engagement/events
When are you available for volunteering?	
☐ Weekdays ☐ am ☐ pm	☐ Weekends ☐ am ☐ pm
List days available	
Have you ever been convicted of a criminal off	iffense?
Do you have a current PA Child Abuse/ Crimin	inal Background Clearance? ?
Please list two references we may contact:	
NAME	PHONE
ADDRESS	
NAME	PHONE
ADDRESS	
Applicant Signature	DATE
Parent/Guardian Signature	DATE

If the applicant is under 18, a parent or guardian's signature is also needed. THANK YOU.