

PEASLEE NEIGHBORHOOD CENTER

215 E. 14TH Street

Cincinnati, OH 45202

Contact: Jenn Summers, Volunteer Coordinator

summerdayjenn@yahoo.com

513.621.5514 ext.15

VOLUNTEER APPLICATION

- **Please complete the following application and return it to Peaslee's Volunteer Coordinator. Thank you for your interest!**

Name _____ Date _____

Address _____

City _____ State _____ Zip Code _____

Phone (Primary) _____ Phone (Secondary) _____

Best time to call _____

E-mail _____

Emergency Contact _____ Relationship _____

Emergency Contact Phone Number _____

Describe Skills/Abilities you can share with Peaslee:

List the days and times you are available to volunteer:

I am interested in volunteering at Peaslee Neighborhood Center because:

List Previous Volunteer Experience (Include location, length of service and responsibilities):

How did you hear about volunteering opportunities at Peaslee?

Do you have any health problems that we should know about? Please explain.

What kinds of activities would you like to do while volunteering at Peaslee?
Please check all that apply.

_____ -Gardening with infant, toddler and preschool classrooms
(Wednesdays, 9:00am – 2pm)

_____ -Reading and writing with preschool students
(Monday – Friday 9am – 12pm)

_____ -Tummy time with infants
(Monday - Friday, 9:30-11:00AM)

_____ -Art activities with toddlers and preschoolers
(Tuesdays and Thursdays 9:30 -12:00pm)

_____ - Events preparation
(OTR Festival in August, Harvest and Earth Day celebrations in spring and fall, piano recitals, annual concert fundraiser, etc.)

_____ -Administrative assistance to help our programs
(Monday – Friday 9am – 6pm)

_____ -Facilities Maintenance (plumbers, carpenters, electricians and janitors!)
(Monday – Friday 9am – 6pm)

_____ -Special Projects
(What is your gift, talent or skill? We likely have a project for you!)

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PHOTO RELEASE FORM

Permission to use photograph

Volunteer's name:

I grant to Peaslee, its representatives and employees the right to take photographs of me and/or my children.

I authorize Peaslee, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Peaslee may use such photographs of me with or without my name, and for any lawful purpose, including for example, such purposes as publicity, illustration, advertising and web content.

I have read and understand the above:

Signature:

Date:

Signature of Parent or Guardian:

(If under age 18)

I understand that volunteers may be asked for fingerprints and/or a county background check during their service at Peaslee Neighborhood Center, Inc.

I, _____, affirm that I have given truthful information.

Signature: _____ Date: _____

THANK YOU FOR YOUR INTEREST AND SUPPORT!