

KENT STATE UNIVERSITY CHILD DEVELOPMENT CENTER
APPLICATION FOR VOLUNTEER POSITION

Name _____ Date of application _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Major _____

Class standing: Fr ____ Soph ____ Jr ____ Sr ____ Grad ____ Other ____

Number of hours per week you would like to volunteer: _____

Age group you would like to work with (circle one): Toddler Preschool Kindergarten

Describe your experiences with children under six years of age:

Why would you like to volunteer at the CDC?

Please list below available hours you have for volunteering. The school's hours are 7am-5:30pm.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

FOR OFFICE USE ONLY:

Assigned to room#:

Days/Times:

Semester: Fall Spring Summer