

Employment/Education:

Education, completed or attending _____

Hrs. needed if volunteering for school credit _____

Completed by what date _____

Contact for school _____

Please select the appropriate boxes giving CAFS permission to release the following information for promotional use.

- | | |
|---|--|
| <input type="checkbox"/> use of first name only | <input type="checkbox"/> use of first name and last name for the website |
| <input type="checkbox"/> use of first and last name | <input type="checkbox"/> use of picture for the website |
| <input type="checkbox"/> picture | <input type="checkbox"/> use of video for the website |
| <input type="checkbox"/> video | |
| <input type="checkbox"/> use of first name only for the website | |

Please list any interests, skills, hobbies:

Please list any previous volunteer experience (position served and length of experience):

Have you ever worked with children with disabilities? Y__ N__

If yes; what types of disabilities? _____

How did you hear about us?

What do you hope to gain by working with Catch a Falling Star?

Please provide the name/title/contact number/email for 3 references unrelated to you.

By filling out this application for voluntary services I am willing and able to take training programs whenever asked of me. It is my understanding that I will be participating in programs and activities with children with and without disabilities. I also understand that for security purposes, Catch a Falling Star may be carrying out background checks and I grant my permission to conduct this inquiry. Appointment to a volunteer position may be revoked if an unfavorable background report is disclosed or behavior is observed.

Applicant's Signature

Date

Parent or Guardian Signature

Date

Date available to begin: _____

Please return application to:

Catch a Falling Star, 6554 Manchester Ave, St. Louis, MO 63139 Attn: Kavitha

Kareti

314-645-5556 x102

To contact Director of Volunteers please email at Kavitha@catchafallingstar.org