

Hilltop Child Development Center

1605 Irving Hill Rd.
Lawrence, KS 66045
E-Mail Address: hilltop@ku.edu
Web Site: www.hilltop.ku.edu
PHONE: (785) 864-4940 FAX: (785) 864-5389



Volunteer Registration Form

DATE _____

NAME _____
(Last) (First) (Middle – must have **at least** initial)

If married, maiden name _____ (this is required by the Health Dept. to do KBI checks)

PHONE _____ **EMAIL** _____

LOCAL ADDRESS _____ **zip** _____

UNIVERSITY STATUS:

STUDENT: YES NO **MAJOR** _____

YEAR IN SCHOOL: _____

REASON FOR VOLUNTEERING:

PERSONAL _____

COURSE CREDIT / ASSIGNMENT _____

DEPT. / COURSE# _____ **PROFESSOR'S NAME** _____

NUMBER OF HOURS DESIRED PER WEEK _____

SPECIFY DAYS AND HOURS AVAILABLE TO VOLUNTEER (Hilltop is open 7:15am-5:45pm)

M _____ **T** _____ **W** _____ **R** _____ **F** _____

EXPERIENCE:

OTHER VOLUNTEER WORK _____

LEADERSHIP, TEACHING, CHILD CARE / EDUCATION _____

GOALS / PREFERENCES:

WHAT DO YOU HOPE TO GAIN FROM THIS EXPERIENCE? _____

WHAT AGE GROUP WOULD YOU MOST ENJOY/FEEL COMFORTABLE WORKING WITH?

TODDLERS _____
2-3 YEAR OLDS _____
3-4 YEAR OLDS _____
4-5 YEAR OLDS _____
SCHOOL AGE _____

WHAT ACTIVITIES WOULD YOU MOST ENJOY PARTICIPATING IN?

Reading to children _____
Songs / Music _____
Art / Sensory _____
Dancing / Large Motor _____
Sports / Outdoor activities _____
Other (describe) _____

LEGAL INFORMATION:

By law, your name and identifying information must be sent to the State Department of Health to be checked for offenses relating to the abuse or injury of a child. It is illegal for anyone with these offenses to work in a child care center in Kansas.

Have you ever been convicted of a felony or had S.R.S. confirmation of child abuse or injury toward a child? _____

If yes, please explain _____

Date of birth _____ Social Security No. _____

Reference Contact: (do not name a peer)

Name _____ Position _____

Address _____ Phone # _____

Volunteer Signature