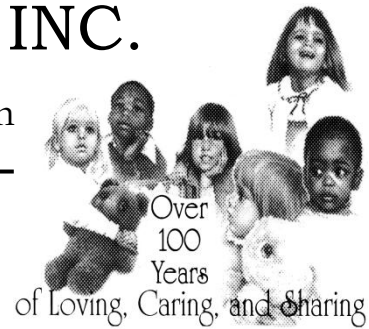


ORPHAN AID SOCIETY, INC.

Daniel Joseph Jenkins Institute For Children

3923 Azalea Drive
North Charleston, SC 29405
Phone: (843) 744-1771
(843) 744-2429
Fax: (843) 529-0057
www.JenkinsInstitute.org



“VOLUNTEER APPLICATION”

“OVER 100 YEARS OF LOVING, CARING & SHARING”

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

TELEPHONE# _____ WORK# _____

SOCIAL SECURITY# _____ DRIVERS LICENSE# _____

WHY WOULD YOU LIKE TO VOLUNTEER YOUR TIME AT JENKINS INSTITUTE?

HAVE YOU WORKED WITH CHILDREN BEFORE? YES NO

IF YES, IN WHAT CAPACITY? _____

WHAT DAYS(S) OF THE WEEK CAN YOU VOLUNTEER?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

WHAT TIME OF THE DAY ARE YOU AVAILABLE TO VOLUNTEER? _____

VOLUNTEER NEEDS

- | | | | |
|------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> CLERICAL | <input type="checkbox"/> SEWING | <input type="checkbox"/> COOKING | <input type="checkbox"/> ARTS & CRAFTS |
| <input type="checkbox"/> GARDENING | <input type="checkbox"/> SPORTS | <input type="checkbox"/> THEATER | <input type="checkbox"/> DANCE |
| <input type="checkbox"/> SINGING | <input type="checkbox"/> EXERCISE | <input type="checkbox"/> CARPENTRY | <input type="checkbox"/> MINISTRY |
| <input type="checkbox"/> TUTORING | <input type="checkbox"/> MECHANICS | <input type="checkbox"/> GROUP RAP SESSION | |

SPECIFY OTHERS _____

EDUCATION

Name and Location of School	Course of Study	Years Completed	Graduate Degree/Diploma
Graduate _____			<input type="checkbox"/> Yes <input type="checkbox"/> No _____
College _____			<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Specialty Sch. _____			<input type="checkbox"/> Yes <input type="checkbox"/> No _____
High School _____			<input type="checkbox"/> Yes <input type="checkbox"/> No _____

REFERENCES

Organization's Name _____ Telephone (____)-_____

Address _____ City _____ State _____ Zip _____

Name of Supervisor _____ Date From: _____ To: _____

Description of Work: _____

Organization's Name _____ Telephone (____)-_____

Address _____ City _____ State _____ Zip _____

Name of Supervisor _____ Date From: _____ To: _____

Description of Work: _____

Organization's Name _____ Telephone (____)-_____

Address _____ City _____ State _____ Zip _____

Name of Supervisor _____ Date From: _____ To: _____

Description of Work: _____

AUTHORIZATION

"I authorize investigation o my references listed above to give Daniel Joseph Jenkins Institute for Children any and all information concerning any pertinent information they may have, personal or otherwise"

Date: _____ Signature: _____