



Good Beginnings  
of Central Vermont

## Good Beginnings of Central VT Home Visitor Application

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Date of Birth/Place of Birth	/
Any other names used (maiden names, etc.)	

### Relevant Experience

Do you have experience holding infants 0-3 months old?  Yes  No

Do you have experience changing or feeding infants 0-3 months old?  Yes  No

Please describe all relevant experience with newborns, infants or children <5 years old:

### Interests & Hobbies

So that we can get to know you better, please describe some of your personal interests and hobbies:

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

--

### Previous Volunteer Experience

Summarize your previous volunteer experience.

--

### Personal References

Please list 2 personal references ***not*** related to you.

1) Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
2) Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that Good Beginnings of Central Vermont will contact my references and submit a criminal background check through the Vermont Criminal Information Center and I give my consent by signing below.

Signature & Date	
------------------	--

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. *Thank you for completing this form and for your interest in volunteering with us!*