

Crisis Nursery
STUDENT APPLICATION



Personal Information:

Name:		Date:
Address:		
City:	State:	Zip:
Primary Phone:	Secondary Phone:	
Email:		
Emergency Contact Name:		
Contact Number:		Relationship:
List any state that you have resided in, attended school in, or worked in within the last five years.		
Do you have a social security card?		
If not, do you have the means to obtain a social security card?		
<i>(Note: Due to state of Missouri licensing requirements all Saint Louis Crisis Nursery students must be able to provide a valid social security card for completion of required background screenings.)</i>		
<i>(Note: the Crisis Nursery has high standards for student volunteers due to licensing requirements and the safety of the vulnerable children that we serve. Please consider whether it is in your best interest to pursue a practicum because fingerprinting is required for all placements. Fingerprinting is at the cost of the student and the Crisis Nursery is unable to refund fees. Please consider whether it is in your best interest to pursue a practicum if there is a possibility that fingerprinting results may not come back clear.)</i>		

Education/Experience:

How did you hear about the Crisis Nursery?		
Name of school/field of study:		
Level: <input type="checkbox"/> Community College <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate		
School Contact Name:		
Contact Number:	Contact email:	
Supervisory requirements (be specific): <i>(Note: Due to client confidentiality we do not allow any video or audio recording.)</i>		

Hours:

Total Hours needed:	Per month:	Per week:	
Proposed start date:		Proposed end date:	
Please rank according to preference the Crisis Nursery locations at which you would like to be placed:			
St. Louis City	North County	St. Charles	Wentzville

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Administrative Office		Outreach Center: Location:	
Will you rely on public transportation: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Sometimes			
Proposed schedule:			
<input type="checkbox"/> Mon:	<input type="checkbox"/> Tues:	<input type="checkbox"/> Wed:	<input type="checkbox"/> Thur:
<input type="checkbox"/> Fri:	<input type="checkbox"/> Sat:	<input type="checkbox"/> Sun:	

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Interests:

**Note: Student opportunities may be limited by student's field of study and experience*

With children: <input type="checkbox"/>	With guardians/parents: <input type="checkbox"/>	Nonprofit management: <input type="checkbox"/>	Fundraising: <input type="checkbox"/>
Advocacy: <input type="checkbox"/>	Community outreach: <input type="checkbox"/>	Special Events: <input type="checkbox"/>	Networking: <input type="checkbox"/>
Other:			
What are you hoping to gain from a placement at the Crisis Nursery?			

I have completed this application to the best of my ability, and attest that my statements are true.
I understand that this application will be included in my volunteer file.

Student Signature

Printed Name

Date

CN Supervisor Signature

Date