



Child development from the baby's point of view

Thank you for your interest in volunteering with Baby's Space.
Please complete the application form and return to the address below.

Name: _____
First *Last*

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

MN Drivers License/MN State ID: _____

Gender: M F Date of Birth: ____/____/____ Social Security #: _____ - ____ - ____

Are you able to make an ongoing commitment? Yes No

What times/days are you available?

_____ Weekday mornings

_____ Weekend mornings

_____ Weekday afternoons

_____ Weekend afternoons

_____ Weekday evenings

_____ Weekend evenings

Interests: *(check all that apply)*

Assisting with Baby's Space projects

Working within Baby's Space preschool classrooms

Volunteering at monthly Family Nights

Becoming a Tutor, TA, or Specialist at Tatanka Academy

Chaperoning a field trip

Maintenance project at Baby's Space or Tatanka Academy

Volunteering at our annual FUNdraiser

Other _____

BY SUBMITTING THIS APPLICATION, I:

Give my permission to Baby's Space to conduct a background check at the Department of Human Services, as required for service.

Baby's Space

ATTN: Deb Lund, Center Director

2438 18th Avenue South

Minneapolis, MN 55404

P: 612.729.5171 • Debbie@babyspace.org