VOLUNTEER APPLICATION

(PLEASE PRINT)

First Name: ___________________________ Last Name(s): ___________________________
Address: ______________________________ City/State/Zip: ___________________________
Telephone: ___________________________ Email: ________________________________

Volunteer position(s) of interest (check one or more):

TEEN CENTER
☐ Group Leader
☐ Academic Tutor
☐ Other: ___________________________

COLLEGE SUCCESS PROGRAM
☐ FAFSA Day Volunteer
☐ College Prep. Assistant
☐ Other: ___________________________

ADMINISTRATION
☐ Marketing and Outreach
☐ Administrative Assistant
☐ Other: ___________________________

Physical Limitations:  
□ No  □ Yes (Please Explain): ___________________________

Education (highest level completed):
GRADE S 1-5    6-9    10-12    College    Business    Graduate School    Technical/Vocational

Work/Occupation: ___________________________ Employer: ___________________________

Volunteer Experience: ___________________________

Skills (list your skills and indicate proficiency level):

Skilled Can Teach Amateur
1. ____________________________________________ □ □ □
2. ____________________________________________ □ □ □
3. ____________________________________________ □ □ □

Languages (list languages you speak and indicate proficiency level):

Fluent Read Write
1. ____________________________________________ □ □ □
2. ____________________________________________ □ □ □

Availability (please circle or check all applicable):
Number of Days per Week: 1 2 3 4 5
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
☐ Morning ☐ Afternoon ☐ Evening

Transportation (how will you get to your assignment):
Public Transportation    Walk    Bus/Van    Taxi/Car Service    Car    Other: ___________________________

In case of an emergency, please notify:
First Name: ___________________________ Last Name(s): ___________________________
Address: ______________________________ City/State/Zip: ___________________________
Telephone: ___________________________
I hereby declare that the information provided above is true to the best of my knowledge and belief, and by signing this form I agree to model LEAP for Education’s mission and values and treat all program participants with fairness and equality regardless of gender, age, religion, race, nationality, ethnicity, sexual orientation, socio-economic status and ability/disability.

AS A CONDITION OF VOLUNTEERING, I give permission for LEAP for Education to conduct a routine check of criminal records (CORI). I understand that, if appointed, my position is conditional upon the organization receiving no inappropriate information on my records. I hereby release and agree to hold harmless from liability LEAP for Education, the employees, and board members thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, LEAP for Education is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term; I am subject to suspension and/or removal by the Executive Director, the Board of Directors or my immediate supervisor for violation of LEAP for Education’s policies.

(Signature/Volunteer)  (Date)

(Signature/Staff)  (Date)

AUTHORIZED STAFF USE ONLY:

CORI completed by LEAP for Education’s authorized staff member:

(Print/Staff)

(Signature/Staff)  (Date)

Find attached to this application the following documents and forms (check all applicable):

☐ Routine check of criminal records (CORI)
☐ Photocopy of applicant driver’s license (or other form of identification submitted with CORI)
☐ Photo Release Form
☐ Consent for Emergency Medical Treatment Form
☐ Code of Conduct Form