

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	COLLEGE SUCCESS PROGRAM	ADMINISTRATION
<input type="checkbox"/> Group Leader	<input type="checkbox"/> FAFSA Day Volunteer	<input type="checkbox"/> Marketing and Outreach
<input type="checkbox"/> Academic Tutor	<input type="checkbox"/> College Prep. Assistant	<input type="checkbox"/> Administrative Assistant
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

Physical Limitations: No Yes (Please Explain): _____

Education (highest level completed):

GRADES 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. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Fluent	Read	Write
1. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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