



Project READS

ALLEN COUNTY
EDUCATION
PARTNERSHIP

Adult Volunteer Application

Allen County Education Partnership (ACEP) is committed to protecting the children and adults who are involved in our programming. This primary screening form was developed to help us ensure that only the best possible volunteers are placed in ACEP programs. Applicants interested in a volunteer position with Project READS must complete this application, which will be used to help ensure that a safe and secure learning environment is provided for all who participate in our programming.

The information provided will be kept confidential.

Contact Information

Name _____ Nickname _____
(Please include MIDDLE initial along with first and last name.)

Mailing Address _____

City _____ State _____ ZIP _____

Main Phone # _____ E-mail address _____

Alternate Phone # _____ Employer _____

Emergency Contact Name and Phone Number _____

Do you have any medical conditions/allergies of which we should be aware? Please list.

Personal Information

Date of Birth ____/____/____ Sex: Male _____ Female _____

Ethnicity (Please circle one): African American/Black American Indian/Alaska Native

Asian/Pacific Islander Hispanic/Latino Multicultural/Biracial White Other

Volunteer History and Prior Work with Youth or Children

Please list any prior experience working with children.

Project READS Site Selection - What location do you wish to volunteer at? (Please see website for site list if you are unfamiliar with the choices and feel free to list more than one site if available)

Have you been convicted of a misdemeanor or felony in the last seven years? Yes _____ No _____

If yes, please give date and nature of offense:

If you have lived outside of Indiana within the past 10 years, please list those cities/states here:

Please note: A criminal history background check will be conducted on all volunteer applicants. A criminal record will not necessarily prevent an applicant from being a volunteer. A criminal record will be considered as it relates to specifics of the volunteer position for which you are applying. Personal references may also be requested.

Volunteer Statement of Commitment and Code of Ethics

As a volunteer working with Project READS, I agree to the following:

- I give Allen County Education Partnership (ACEP) permission to conduct a background check on me, authorizing the release of information from state and/or local enforcement agencies.
- I understand that I am not allowed to give out any materials to the students involved in Project READS or have personal contact with the students outside of the Project READS time without approval from the Allen County Education Partnership.
- I realize that I will not be allowed to start tutoring until my application has been approved and I have completed the mandatory training. I will be notified when I can begin tutoring at a Project READS Site.
- I will honor my volunteer commitment of one hour per week and agree to accept guidance and training from ACEP agency staff.
- I promise to keep confidential matters completely confidential and conduct myself in a professional manner at all times.
- I will NOT use my cell phone during Project READS with the exception of emergency situations.
- I will notify my Site Coordinator of any problems or concerns that may arise concerning the student or the program in general.
- If I will be late/absent to a Project READS session, I will notify the site coordinator as soon as possible, preferably at least two hours before the start of the session.
- I give permission for my photograph to be taken during Project READS activities and to be used for publicity.
- I understand that the misrepresentation or omission of information requested is just cause for dismissal. I also understand that if I am not able to adhere to procedures or execute the responsibilities as a Project READS volunteer, ACEP has the right to terminate my volunteer services to ensure that the integrity of the program is not compromised.

Volunteer's Name _____
(Please PRINT)

Signature _____

Date _____

Please Return Application To:
Allen County Education Partnership
709 Clay Street, Suite 101
Fort Wayne, IN 46802

Questions? Please contact us:
Phone: 260.423.6447
E-mail: kbradley@abouteducation.org