



# Project READS

ALLEN COUNTY  
EDUCATION  
PARTNERSHIP

# Under 18 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 # \_\_\_\_\_ School & Grade Level \_\_\_\_\_

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.

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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)

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**There is a separate reference form that must be completed by an adult (18 years or older) who is NOT related to the applicant. Examples of who to ask to fill out the reference form include teachers, coaches, mentors, etc. The applicant will NOT be allowed to begin tutoring until the completed reference form is received and approved.**

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**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 obtain a reference check on me.
- 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 or other electronic devices 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 will have reliable transportation to get me to and from the Project READS site each week.
- 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** \_\_\_\_\_

**Parent/Guardian 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](mailto:kbradley@abouteducation.org)