



Adult Volunteer Application 2018-2019

Site: _____

Day/Time: _____

Project READS is committed to protecting the students and volunteers who are involved in our programming. This primary screening form was developed to help us ensure that a safe and secure learning environment is provided for all who participate. Applicants interested in a volunteer position with Project READS must complete this application.

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 _____

Primary Phone # _____ E-mail Address _____

Alternate Phone # _____ Employer _____

Emergency Contact Name and Phone Number _____

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

If any of the above information changes, please contact the Project READS office immediately!

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. _____

Years with Project READS? _____

Were you ever a Project READS student? _____

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 Project READS 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 nor have personal contact with the students outside of the Project READS time without approval.
- 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.
- I will honor my volunteer commitment of one hour per week and agree to accept guidance and training from 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 unless an emergency arises.
- I will notify my site coordinator of any problems or concerns that may arise concerning a student or the program in general.
- If I will be late to/absent from 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, including social media.
- I understand that the misrepresentation or omission of information requested will serve as just cause for dismissal. I also understand that I will be dismissed if I violate policies/procedures or fail to fulfill my responsibilities as a volunteer.

Volunteer's Name _____
(Please PRINT.)

Signature _____

Date _____

Please Return Application To:

Project READS
The Summit
1005 W. Rudisill Blvd., Suite 308
Fort Wayne, IN 46807
FAX: 260.426.8989

Questions? Please contact us:

Phone: 260.423.6447
www.abouteducation.org