



Under-18 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? _____

There is a separate reference form that must be completed by an adult (18 years or older) who is **NOT related to you.** Valid references include teachers, coaches, mentors, etc. You will **NOT** be permitted to begin tutoring until the completed reference form is received and approved.

Volunteer Statement of Commitment and Code of Ethics

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

- I give my 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 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 _____

**Parent's/Guardian's
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