



Project READS

ALLEN COUNTY
EDUCATION
PARTNERSHIP

Under 18 Volunteer Application

Allen County Education Partnership (ACEP) is committed to protecting the children and workers 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 ACEP 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 _____
(Identity may be confirmed with a driver's license or other photographic identification.)

Current Mailing Address _____

City _____ State _____ ZIP _____

Home Telephone _____ E-mail address _____

Employer _____ Work Telephone _____

Emergency Contact Name and Telephone Number _____

Please list your school and grade: _____

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

Volunteer History and Prior Work with Youth or Children

Please list program, agency and year.

Project READS Site Selection

(See attached list.) _____

Are you able to volunteer at more than one site? Yes _____ No _____

If yes, please list additional site selection(s): _____

Personal Information

Date of Birth _____ / _____ / _____

Sex: Male _____ Female _____

Social Security Number _____

Driver's License Number _____

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

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

I understand that there are reference checks. By my signature and my parent's signature, we give permission to contact school/agency personnel in regard to my application to volunteer for Allen County Education Partnership's Project READS program.

Volunteer's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

Volunteer Statement of Commitment

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

- I understand that I will not be allowed to start tutoring until my application has been approved and I have been trained. 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 for the course of the program year or the specific number of hours I have committed to volunteering for Project READS.
- I understand that I will be required to participate in mandatory volunteer training as part of the application process.
- If I will be late/absent to a Project READS session, I will call the site coordinator at least two hours before the start of the session.
- I will have reliable transportation home immediately upon the conclusion of the Project READS session.
- I give permission for my photograph to be taken during Project READS activities and to be used for publicity.

Volunteer's Name _____
(Please print.)

Date _____

Volunteer's Signature _____

Parent's Signature _____

<p>Please Return Application To: Allen County Education Partnership 709 Clay Street, Suite 101 Fort Wayne, IN 46802</p> <p>Questions? Please contact us: Phone: (260) 423-6447 Fax: (260) 426-8989 E-mail: abouteducation@abouteducation.org</p>
