



# Project READS

ALLEN COUNTY  
EDUCATION  
PARTNERSHIP

# 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 \_\_\_\_\_

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

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## Volunteer History and Prior Work with Youth or Children

Please list program, agency and year.

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## 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

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**

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

- I will provide my Social Security/driver's license number and signature, authorizing the release of information from state and/or local law enforcement agencies.
- 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.
- I understand that tutoring sessions are generally one hour in length, and that there may be times when the Project READS Site Coordinator may have valuable information to give me after a session, so I may be asked to stay an additional 10-15 minutes.
- If I will be late/absent to a Project READS session, I will call the site coordinator at least 2 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.

**Volunteer's Name** \_\_\_\_\_  
(Please print.)

**Date** \_\_\_\_\_

**Volunteer's Signature** \_\_\_\_\_

**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  
 Fax: (260) 426-8989  
 E-mail: abouteducation@abouteducation.org