Volunteer Application



APPLICANT INFO	RMATION								
Last Name				First			M.I.	Date	e
Street Address							Apartment/Unit #		
City				State			ZIP		
				E-mail Address					
Date Available			_ L man	Social Security No.					
				Social Security No.					
Position Applied for		VEC	NO	TC			* 11 - 11	<u> </u>	VEC
Are you a citizen of the		YES	NO	If no, are you authorized to work in the U.S.? YES					YES
Have you ever worked			NO	If so, when?					
Have you ever been co	nvicted of a felony	y? YES	NO	If yes, explain					
EDUCATION									
			Address	Address					
From	То	Did you graduate?	YES	NO Degree					
College			Address						
From	То	Did you graduate?	YES	NO	Degree				
Other Ac			Address	ddress					
From	То	Did you graduate?	YES	NO	Degree				
		I							
REFERENCES									
Please list three professional references.									
Full Name				1	Relationship				
Company				ı	Phone ()				
Address									

Full Name Relationship
Company Phone ()
Address
Full Name Relationship
Company Relationship
Company Phone ()
Address
Company Phone ()
Address
Full Name Relationship
Company Phone ()
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Full Name Relationship
Address
Full Name Relationship
Address

 Alcohol or drug abuse ()Yes ()No Mental illness ()Yes ()No Contagious Disease(s) ()Yes ()No 	 Have your ever been arrested? ()Yes ()No Have you ever been accused of child neglect or abuse? () Yes ()No Has your driver's license ever been suspended or revoked? ()Yes ()No Probation ()Yes ()No
Please explain if any answer is "Yes":	
PRIOR EXPERIENCE WORKING WITH CHILDE	REN/YOUTH: (please check those that apply)
() Children Explain:	
() Y = 1 (41.14) E = 1 :	
() Youth (11-14) Explain	
() Teens (15-18) Explain	
Please describe in your own words what p	rompted you to volunteer your services with this program.
application, or by contacting any person or organiza Cultural Resource Center for Children & Families In history, employment history and driving history. I h	d, if necessary, by contacting persons or organizations named in this tion that may have information concerning me. I authorize the Multinc., its employees and agents, to make inquiries, including criminal ereby release and agree to hold harmless from liability any person(s) ation to complete a background investigation. I also agree to release

and hold harmless the local organization, school, or other institution, and the officers, employees and volunteers thereof

investigation which may include, but not limited to, criminal courts, state and county and national repositories of criminal records. Under the penalties of perjury, I declare that I have read the foregoing, and the facts alleged are true to the best of

from any present or future claim of any kind resulting from any alleged liability for conducting a background

PROBLEMS WITH THE LAW

Volunteer's Printed Name & Signature

my knowledge and belief.

DO YOU HAVE ANY HISTORY OF:

Date

Volunteer Code of Conduct

Based on this code, I promise that, As a volunteer, I will:

- Avoid situations where I am alone with children and/or youth at program activities.
- Treat everyone with respect, loyalty, patience, integrity, courtesy, dignity, and consideration.
- Use positive reinforcement rather than criticism, competition, *or* comparison when working with children and/or youth.
- Refuse to accept expensive gifts *from* children and/or youth *or* their parents without prior written approval from the administrator.
- Refrain from- giving expensive gifts to children and/or youth without prior written approval from the parents *or* guardian and the administrator.
- Report suspected abuse to the Director, administrator, *or* appropriate supervisor and the abuse Hotline 1-800-96ABUSE. I understand that failure to report suspected abuse to civil authorities is, according to the law, a misdemeanor.
- Cooperate fully in any investigation of abuse of children and/or youth.
- Ensure Safety first always & perform minor First Aid.
- Supervise all assigned children visually by: participating with children in group/ solo activities; enforcing health, safety rules; remaining with the children at all times, assisting the children in using supplies and equipment. Keep an eye on exits, so no child walks off the property without an adult.
- Conduct myself as a PROFESSIONAL at all times.
- Be a positive influence on each member by showing respect and having the ability to listen at all times.
- Use the techniques of positive discipline and motivation with the children.
- Respects the right of confidentiality/privacy of students and staff

As a volunteer, I will not:

- Smoke *or* use tobacco products in the presence of children and/or youth.
- Use, possess, or be under the influence of alcohol at any time while volunteering.
- Use, possess, *or* be under the influence of illegal drugs at any time.
- Pose any health risk to children and/or youth (i.e., no fevers or other contagious situations).
- Strike, spank, shake, or slap children and/or youth. Humiliate, ridicule, threaten, or degrade children and/or youth.
- Touch a child and/or youth in a sexual *or* other inappropriate manner.
- Use any discipline that frightens *or* humiliates children and/or youth.
- Use profanity in the presence of children and/or youth.

I understand that any action inconsistent with the above or with the Volunteer Code of Conduct or failure to take action mandated by the Code of Conduct may result in my removal as a volunteer with children and/or youth.

Volunteer's Printed Name & Signature	Date
Director's Printed Name & Signature	Date

Multicultural Resource Center for Children & Families Inc. P.O. Box 446 ☐ Fort Pierce, FL 34954

PHONE: (772) 672-3710 · FAX: (772) 618-6616 · WEBSITE: <u>WWW.MRCFAMILY.COM</u>

Building Strong Families, Growing Great Kids!

Volunteer Interest Survey

Volunteer Info	rmation:							
Name:	ame:		Date	email:				
Address:	.ddress: City							
Date of Birth (optional): Occupation:								
Emergency Contact Name & Number (required):								
Availability: D	Availability: Days & Times (check all that apply): ^							
Mamina	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Morning Afternoon								
Evening								
Is there a time	of year that	is better for y	ou?	Anytime	Spring	Summer	Winter	Fall
Hobbies & Int	erest(s)							
		n/Science)	Mentorin	ng Digital	Music Making	g Cooki	ing Ar	t/Painting
	_			Perform	_			3
				Building Mod				
Other: Ple	ease list							_
								_
Skills & Know	•		y):					
Office and othe		C						
Microsoft WORD Microsoft Excel Microsoft PowerPoint Database Design Social Media								
List relevant c	ertifications ((First Aid/CPF	R, Sign Langua	ge, Swimming e	tc.):			
	y other skills,	hobbies or int	terests that you	have would like	to share with	youth.		
1. 2.								
3.								