



Volunteer Application

LAST NAME _____ FIRST NAME _____

EMAIL: _____

ADDRESS: _____

CELL: _____ OTHER: _____

EMERGENCY INFORMATION

In case of a medical emergency, please contact:

Name: _____ Phone: _____

EDUCATION:

High School _____ College _____

BACKGROUND/EXPERIENCE:

Program of Interest:

- After-School Enrichment (K-3rd) Community Outreach ESL Class (no language requirement)
(school-year)
- Homework Helpers (4-12th) Summer Camps June 13-16; 20-24 Events
(school-year) -Highlands Motoring Festival
-A Celebration of Education
-Twilight 5K
- Clerical/Administrative In-School tutoring: -Franklin Schools -Blue Ridge -Other _____
- Individual Tutoring (all ages, year-round) (circle or highlight area(s) of skill/interest):
-Reading -Writing -Mathematics -Science -Spanish
-Other: _____

Please note if age preference: _____

Other: _____

Please circle or highlight the day(s) and times you are available to volunteer

(Please note: during the school year, tutoring is typically two days/week: M/W or T/ TH from 3:30p - 4:30pm):

Days: M T W TH F S

Dates / Months: _____ Time(s): _____

PERSONAL INFORMATION

Have you ever been convicted of a criminal felony? No _____ Yes _____

Have you ever been disciplined by an employer or volunteer position following allegations of sexual misconduct, sexual harassment, or other behavior involving adults or children? No _____ Yes _____

CONSENT and CERTIFICATION

By submitting this form you agree to the following statement:

I understand all sections of this volunteer application, and the statements I have made are true and complete.

I also understand that if accepted to volunteer for the Literacy Council, I am required to abide by all rules and regulations and codes of ethics and ethical guidelines of the Literacy Council established by the Board of Directors.

I consent to the release of information about my ability and fitness for this position by current/past employers, schools, and law enforcement agencies.

Applicant Signature: _____ **Date:** _____



Required Background Check Authorization

Print Name: _____

(First)

(Middle)

(Last)

Former / Maiden Name(s): _____

Current Address: _____

(Street)

(City)

(State)

(Zip)

Email Address: _____

Social Security Number: _____ Date of Birth: _____

****All information above is required for the background check. Your SSN will be removed after the search is processed.***

The information contained in this application is correct to the best of my knowledge. I hereby authorize The Literacy Council and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes.

I understand that the scope of the consumer report/ investigative consumer report may include yet not limited to the following areas: verification of social security number, current and previous residences, employment history, employment credit history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to The Literacy Council or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have to include information or data received from other sources.

I hereby release The Literacy Council, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees or related personnel both individually and collectively from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____