

Location: _____
 Schedule/subject: _____
 1st Day: _____



Volunteer Application 2017-2018

Date: ___/___/___ Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

- | | | | |
|--|--|--|--|
| Gender:
<input type="checkbox"/> Female
<input type="checkbox"/> Male
<input type="checkbox"/> _____ | Ethnicity
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Not Hispanic or Latino | Race
<input type="checkbox"/> American Indian/ Alaska Native
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White | Languages Spoken Fluently
<input type="checkbox"/> English
<input type="checkbox"/> Spanish
<input type="checkbox"/> _____
<input type="checkbox"/> _____ |
|--|--|--|--|

What would you be interested in helping with? *(Please mark all that apply)*

- In-school (9:00–3:00)
 Fundraising
 Clerical
 Other: _____

FALL & SPRING TUTORING ONLY

Circle how many **hours** you prefer to volunteer **a day**: 1hr 2hrs 3 hrs 4hrs
 Circle how many **days** you prefer to volunteer **a week**: 1day 2days 3days 4days

Please indicate all the times you are available (excluding travel time)

Mon	Tues	Wed	Thur	Fri

- | | | |
|---|--|--|
| Please indicate preferences
(please mark all that apply): | <u>Subject</u>
<input type="checkbox"/> Literacy
<input type="checkbox"/> Math:
<input type="checkbox"/> ESL/Bilingual | <u>Grade</u>
<input type="checkbox"/> Pre-K
<input type="checkbox"/> K-3
<input type="checkbox"/> Other: _____ |
|---|--|--|

NOTES:

KIDSBRIDGE SUMMER PROGRAM ONLY

Please indicate the days you are available from 8:00 am to 1:00 pm

___ Monday ___ Tuesday ___ Wednesday ___ Thursday

Can you be a substitute volunteer (available at short notice)? **Yes** **No**
 How many **days** a week do you want to volunteer? **2** **3** **4**

NOTES:

Contacts

Date: _____
 Date: _____
 Date: _____
 Date: _____

For Official Use Only

Teacher _____	BCI ___/___/___	Sig _____
Program _____	Ref s ___/___/___	Sig _____
Database ___/___/___ Sig _____	NSOWP ___/___/___	Sig _____
Spreadsheet ___/___/___ Sig _____	Training ___/___/___	Sig _____

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Background

All Inspiring Minds volunteers must be trained and undergo a criminal background check (BCI).

Have you ever been convicted of a crime? Yes No

If yes, please provide details: _____

References are required for all new Inspiring Minds tutors. Please list two individuals who have known you for at least two years. **Please do not use family members as references.**

Name: _____ Name: _____
Phone: _____ Phone: _____
Relationship: _____ Relationship: _____

Please complete the following section legibly

Why do you wish to volunteer? _____

What skills and qualities would you bring to Inspiring Minds? _____

What do you hope to gain from your experience? _____

Which best fits you?

- Community Member Student Attending _____ Business Affiliate at _____
 Parent of a student at _____ Other: _____

I give permission for my name, photo, video and written/oral language or statements about the Inspiring Minds program to be used by Inspiring Minds in publications, press releases, etc for as long as I am a volunteer with the program. I certify that the facts contained in this application, or any other document used for selection purposes as well as any other verbal or written statements made by me during the selection process, are true and complete to the best of my knowledge.

Signature: _____ **Date:** _____

Recommend a Friend

Do you know someone that would also enjoy volunteering with Inspiring Minds? Tell us who could help.

Name: _____ Phone number: _____
Relation: _____ Email : _____