



Volunteer Application and Agreement:
email to JodiF@Childrenfirstbc.org when completed

◆ **Name:**

Street Address

City

Zip code

◆ Occupation:

phone #:

◆ Education Level:

email:

◆ Emergency Contact:

◆ Emergency Contact Phone:

◆ **Please list the day(s) you would like to volunteer and the hours you would like to commit to volunteering** on that day(s): *Example: Mon. and Wed. from 2:30-5:30.* We need volunteers at our afterschool Learning Centers on Mon-Thur. from 2:30-5:30, or anytime between 2:30-5:30.

◆ Do you have transportation? Yes: _____ No: _____

◆ Can we add you to our **Advocacy Alert** email list? Yes: ____ No: ____ To our **newsletter list**? Yes: _____ No: ____

◆ How did you hear about Children First/CIS?

◆ **Which Volunteer position interests you?** School After-School Center Resource Center Name Other:

◆ Very briefly, explain any previous experience working with children:

◆ In order to provide a safe environment for children, the following information is requested. Please list all criminal convictions and pending charges. If none, write none (a conviction does not necessarily mean you will not be considered as a volunteer).

◆ Have you ever been found guilty of abuse, negligence, or mistreatment of a child with the Department of Social Services or elsewhere?

Yes _____ No _____

Volunteer Agreement and Waiver

By agreeing to volunteer for Children First/CIS Learning Centers or any other program of Children First/CIS of Buncombe County, I, _____ agree to volunteer on a regular schedule. If I am unable to attend, I agree to call the homework club staff as soon as possible. I also agree to take direction from AmeriCorps members and Children First/Communities in Schools staff, and to participate in activities that I am completely comfortable doing. I agree to be responsible for my behavior and to act in accordance with the guidelines set forth during volunteer orientation. I also understand that I may be involved in activities that have the potential risk for injury, and I agree that I will not hold Children First/Communities in Schools responsible for personal harm or property damage that may come as a result of my participation. I also understand that both Children First/Communities in Schools and I have the right to end my participation in volunteering at any time by clearly communicating that intention.

To maintain safety and funding standards, Children First/Communities in Schools **conducts criminal background checks on all volunteers working directly with children. By signing below, I give my consent for Children First/Communities in Schools to conduct a criminal background check** before I begin volunteering with any youth. This information will be kept confidential.

Social Security Number: _____ X _____ Date _____
Signature of Volunteer

Confidentiality Statement:

I understand that information concerning families and students in the learning center is completely confidential. I agree that I will not disclose any information about any family or student except with other staff and volunteers of the learning center as necessary for the safety and best interests of our students.

X _____ Date _____
Signature of Volunteer

Parental Consent:

If you are under the age of 18, you must have parental permission to volunteer. Please sign here if you are the parent or guardian of a minor who is interested in volunteering, if you give permission for your child to volunteer with Children First/Communities In School learning center.

X _____ Date _____ X _____ Date _____
Signature of Parent or Guardian Verification of Staff Member

Before you begin to volunteer with Children First/Communities in Schools we must receive your complete application including a signed volunteer agreement consenting to a criminal background check. At that point, staff will conduct reference and background checks and then contact you to schedule a volunteer orientation. We try to be flexible and match the skills and interests of volunteers with the needs and opportunities of Children First/CIS. We encourage all volunteers to commit to a regular schedule to create more consistency for the youth in our programs. I declare that all of the statements I that have made in this screening summary are true and correct to the best of my knowledge.

X _____ Date _____
Signature

Please list two personal or professional references:

- 1) Name: _____ Phone Number: _____
Relationship to you: _____
- 2) Name: _____ Phone Number: _____
Relationship to you: _____

Media Release: Children First/CIS of Buncombe County would like to use your photo, audio and/or video in media outlets like Facebook, newspaper articles, U-Tube videos, and videos to be sent to NC Legislators and more. By filling out the information and signing below, you give permission to Children First/CIS to use your photo, audio and/or video for use in media materials. If you have any questions, please contact Children First/CIS at 828-259-9717.

Signature: _____ Date: _____