



Volunteer Application

Today's Date: _____

Name: _____

Date of Birth: ____/____/____

Address: _____
Address City State Zip

Phone: _____ Email: _____

Occupation: _____ Employer: _____

How did you learn about the volunteer opportunities at LearningWorks? _____

Are you a student doing service learning? ___Yes ___No
If yes, what school and department? _____

Why would you like to volunteer?

Educational Experience? High School [] College []

Other volunteer experience?

Special skills: _____

What language(s) do you speak? _____

Please check the volunteer opportunities at LearningWorks that interest you:

- | | |
|---|--|
| <input type="checkbox"/> Tutor Kids in Afterschool program
(M,T,Th,F 3-5:00 pm, W 2-5:00 pm) | <input type="checkbox"/> Provide interest programming in ATD |
| <input type="checkbox"/> Tutor in ELP (M-Th 9-11am, 1-3 pm) | <input type="checkbox"/> Supervise youth in ATD (M-F, 3-6 pm) |
| <input type="checkbox"/> Tutor with Literacy Volunteers* | <input type="checkbox"/> Provide childcare for ELP (M-Th 9-11am) |
| <input type="checkbox"/> Tutor youth in YBA classroom (M-F 8-2:30) | <input type="checkbox"/> Provide administrative support (YBA/BOT) |
| <input type="checkbox"/> Assist with construction in YBA (8-2:30) | <input type="checkbox"/> Provide transportation to students |
| <input type="checkbox"/> Help in Computer Resource Lab (M-F, 6-8 pm) | <input type="checkbox"/> Assist with ServiceWorks/Graffiti Busting |
| <input type="checkbox"/> Other idea/interest: _____ | <input type="checkbox"/> Mentor a student in one of our programs* |

**Ask about separate application forms for Literacy Volunteers of Greater Portland and LearningWorks Mentoring.*

Volunteer Days and Times of Availability:

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____

REQUIRED

References

Please list three references, not related to you (work, school, other volunteer experiences):

Name: _____ Phone: _____ Email: _____
Relationship to you: _____ How long have you known this reference: _____
Where reference lives (if other than Portland): _____

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Relationship to you: _____ How long have you known this reference: _____
Where reference lives (if other than Portland): _____

Background

The following information is asked of all individuals who apply to volunteer to help insure the safety of our customers.

Have you ever been charged with or investigated for sexual abuse or harassment of another person?
Yes ___ No ___

Have you ever been convicted of a crime (other than a minor traffic offense)?
Yes ___ No ___

Have you ever entered a plea of guilty or “no contest” (nolo contendere) to any crime (other than a minor traffic offense)? Yes ___ No ___

Has any court ever deferred, filed or dismissed proceedings without a finding of guilty and required that you pay a fine, penalty, or court costs and/or imposed a requirement as to your behavior or conduct for a period of time in connection with any crime (other than a minor traffic offense)?
Yes ___ No ___

If you answered YES to any of the above questions, provide full details below, including with respect to court actions, the date, the offense in question, and the address of the court involved (attach additional page(s) if necessary).

Social Security Number (Used for background check only, then redacted): _____

Maiden name, if you are married and changed your name: _____

Please check off the statements below as you finish reading them:

- I understand that the references I have provided will be contacted.
- I understand that LearningWorks may do a background check on qualified applicants.
- I certify that the information given on this form is accurate to the best of my knowledge.

Signature: _____ Date: _____

Promotional Release [Optional]

I, _____, hereby give permission to LearningWorks to use and/or reproduce any photographs, video, tape recording or other recording media of myself taken during my involvement at LearningWorks for promotional purposes including press release, marketing materials, presentations and website testimonials.

Signature: _____ Date: _____

Parent/Guardian Signature (if under 18): _____ Date: _____

Thank you for your interest and eagerness to help!

Volunteers are a valuable resource to fulfilling our mission. We are looking for committed and reliable volunteers to diversify and expand the skills of our students. In return, we are committed to making this experience most enjoyable and rewarding for you.

Office Use Only

Date Received: _____ Date Interviewed: _____ Date Background Check: _____

Date References Cleared: _____ Total Processing Time: _____

Anticipated Start Date: _____ Initials: _____