

2020 Volunteer Application



Contact Information

Name	
Street Address	
City, ST Zip	
Cell Phone	
Work Phone (If Applicable)	
E-Mail	
Date of Birth	

Emergency Contact

Contact Name		Phone #	
		Relation	

Interest

What type(s) of volunteer service are you interested in providing at Third Street?

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Leadership | <input type="checkbox"/> Snack Provision |
| <input type="checkbox"/> Administrative Assistance | <input type="checkbox"/> Marketing | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Afterschool Programming | <input type="checkbox"/> Meal Provision (Academy) | <input type="checkbox"/> Summer Programming |
| <input type="checkbox"/> Facility Maintenance/Repair | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Third Saturday of Service |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Neighborhood Outreach | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Garden | <input type="checkbox"/> Snack Preparation | <input type="checkbox"/> Tutoring |

Other:

Availability

During which hours are you available for volunteer assignments?

Third Street Education Center Programming Hours: Tues-Fri: 3p-6:00p / Third Sat. 8:30am-1:00pm

Third Street Academy Volunteer Hours: Mon-Fri: 7-8am, 11:30am-1pm, 2:30p-6:30p

How Did You Hear About Us?

- | | |
|--|---|
| <input type="checkbox"/> Website | <input type="checkbox"/> Friend or Family (If so, who? _____) |
| <input type="checkbox"/> Social Media (Facebook/Twitter/Instagram) | <input type="checkbox"/> Church (If so, which one? _____) |

__ ECU (Center for Leadership and Civic Engagement) __ Other (_____)

References

List two references (non-relatives) whom you have known for at least 1 year. One must be a **current/former employer OR volunteer supervisor** if applicable.

Full Name:	Phone: ()	Years Known:
Full Name:	Phone: ()	Years Known:

Personal History

Do you have any history of alcohol abuse or drug use? ____ No ____ Yes
If yes, briefly explain including any treatment received.

Have you ever been convicted of a misdemeanor or felony? ____ No ____ Yes
If yes, briefly explain including offense and conviction dates.

Have you ever been convicted of a traffic violation (Volunteer Drivers Only)? ____ No ____ Yes
If yes, briefly explain including offense and conviction dates.

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete.

I agree to complete a criminal background check online at a cost of \$10. If in the event that I supervise or transport youth, a driver's license check may also be conducted. Furthermore, I authorize Third Street Education Center to inquire about my previous/present volunteer and work experience and to contact the named references.

I understand that if I am accepted as a volunteer, any false statements, omissions, other misrepresentations, or negative feedback from references may result in my disqualification and/or immediate dismissal.

Name (printed)	
Signature	
Date	

Background Check

All individuals who will be working directly with children **OR** who will be serving on the premises while children are involved in programming are **REQUIRED** to submit to a background check to be conducted by a designated Third Street Education Center staff member. If you have had a background check within 6 months prior to completing this application, then you may waive this requirement by submitting that information.

Third Street Education Center reserves this right to disqualify any person from volunteering whose background check returns information which we believe would cause an individual to be a detriment to the safety and success of Third Street Education Center.

See attached Background Check Consent Form.

Limited Liability Waiver

Acknowledgement of the Center's Faith-based perspective: I acknowledge that the Third Street Education Center is a Christ-Centered (Christian Faith-Based) non-profit organization (you may ask for a copy of our statement of faith). Third Street does not limit, nor discriminate, against anyone based on religious affiliation (see TSCC policy #Y003). I give permission to the TSEC to speak to/about, discuss and/or teach the tenants of the Christian faith, including referencing the Bible as a part of some programming at the Center. I acknowledge that I have received a copy of TSEC's statement of faith.

Functions and Activities: I understand that participating in programs, service, recreation and other activities of Third Street Education Center is voluntary. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, and physical injury due to transportation-related accidents.

Release of Liability: By signing this Permission and Waiver Form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the organization, its Board Members, leaders, employees, volunteers, property owners and agents from any claim that my child may have or that I may against them as a result of injury or illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the organization, its Board members, leaders, employees, volunteers, property owners or agents. I further agree to indemnify and hold harmless the organization, its Board members, ministers, leaders, employees, volunteers, property owners or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities. I hereby authorize the staff at the Third Street Education Center to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Third Street Education Center and its staff from all liability for any injury or illnesses incurred at any facility.

This release of liability also gives permission to take photos and permission to release these photos in all types of publications.

I have read and accept the limited liability waiver. _____ Initials

Signature (If over 18):	
Adult or Guardian Signature (If under 18):	
Date:	

**If Applicant is under 18, complete this portion as well.*

Parent/Legal Guardian Information:

Name: _____ Relationship: _____

Street Address: _____ City/State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Email: _____

Alternative contacts:

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

Youth's Health and Wellness

Are there any health issues you would like to make us aware of: _____

Are there any psychological or social issues we need to be aware of: _____

Required special needs: _____

Allergies or food sensitivities: _____

Personal Physician: _____

Affiliated Hospital: _____

Insurance Coverage: _____ Policy #: _____

Emergency Medical Treatment Release: I do hereby give my consent and permission for the above named young person to participate in Third Street Education Center's Youth Development Programs, including any related activities or events. I further release the Center and their paid and volunteer staff from all liability for any injuries or accidents resulting from any sickness, injury, or accident. Treatment for any illness or injury will be the financial responsibility of the undersigned parent or legal guardian. I hereby authorize the official representative of the Third Street Education Center to approve emergency medical or surgical care during any related activities or events in the event the parent or guardian cannot be contacted.

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____