



# Peace Neighborhood Center RETURNING Volunteer Application 2017 - 2018

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_ M \_\_\_ F

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Address: \_\_\_\_\_

Do you have a police record of any kind?  YES  NO

If yes, please explain: \_\_\_\_\_

Can PNC run a police check on you?  YES  NO

If no, please explain: \_\_\_\_\_

### IN CASE OF EMERGENCY NOTIFY:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### EMPLOYMENT:

Are you currently employed?  Yes, Full Time  Yes, Part Time  No  Retired  Student

Employer/Position: \_\_\_\_\_

### EDUCATION:

Are you currently in school?  YES  NO If yes, where? \_\_\_\_\_

Current level of education: \_\_\_\_\_ Field of study: \_\_\_\_\_

### HEALTH INFORMATION:

Do you have any physical restrictions/conditions that might interfere with your ability to perform any duties as a volunteer?  YES  NO If yes, please explain: \_\_\_\_\_

Allergies: \_\_\_\_\_

### VOLUNTEER CONFIDENTIALITY AGREEMENT:

As a volunteer of Peace Neighborhood Center, you may have access to information about our program participants. This information must be kept strictly confidential. You are expected to refrain from conversing about program participants except where the exchange of such information is required during the performance of your volunteer duties. This includes discussing program participants by name or other identifiable attributes with family or friends. Volunteers who release information about Peace Neighborhood Center employees, clients, or their families without authorization are subject to immediate termination from our programs and could be subject to legal action. If you are uncertain about whether information is confidential, check with your supervisor or the Executive Director of Peace Neighborhood Center before discussing it with anyone. Signing this agreement means that you understand the above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Are you volunteering as part of a group?  YES  NO Group: \_\_\_\_\_

**AVAILABILITY:**

I can commit to (**check all that apply**):

\_\_\_ full program year (September-June)

\_\_\_ fall semester (September-December)

\_\_\_ winter semester (January-April)

\_\_\_ spring semester (April-June)

\_\_\_ other: \_\_\_\_\_

**I AM INTERESTED IN VOLUNTEERING WITH THE FOLLOWING PROGRAM(S):**

*Volunteers are required to make a minimum commitment of at least 1 hour/week for a semester.  
Please check the day(s) you plan to volunteer.*

**1-on-1 or 1-on-2 Tutoring with Elementary Students (Peace Neighborhood - 1111 N Maple Road)**

*Tuesdays/Thursdays 5:45 - 6:45pm*

\_\_\_\_\_ **Tuesdays**

\_\_\_\_\_ **Thursdays**

**1-on-1 or 1-on-2 Tutoring with Elementary Students (Satellite Center- 880 S. Maple Road)**

*Mondays/Wednesdays 5:00 - 6:00pm*

\_\_\_\_\_ **Mondays**

\_\_\_\_\_ **Wednesdays**

**Small Group Tutoring with Middle School Students (Peace Neighborhood - 1111 N Maple Road)**

*Mondays/Wednesdays 5:30 - 6:45pm*

\_\_\_\_\_ **Mondays**

\_\_\_\_\_ **Wednesdays**

**Subject Tutoring with High School Students**

*By Appointment*

\_\_\_\_\_

**TUTORING PREFERENCES & SKILLS:**

Is there a specific child you would like to be paired with? \_\_\_\_\_

**Elementary Tutors:**

Gender:  Male  Female  No Preference

Grade:  K-1<sup>st</sup>  2<sup>nd</sup>-3<sup>rd</sup>  4<sup>th</sup>-5<sup>th</sup>  No Preference

**Middle & High School Tutors:**

What levels of math do you feel comfortable tutoring? \_\_\_\_\_

What specific subjects do you feel comfortable tutoring? \_\_\_\_\_

\_\_\_\_\_