



# Adult Volunteer Application

School Year: **2021-2022**

Site: \_\_\_\_\_

Day/Time: \_\_\_\_\_

Project READS is committed to protecting the students and volunteer tutors who are involved in our programming. This primary screening form was developed to help us ensure that a safe and secure learning environment is provided for all who participate. Applicants interested in a volunteer tutor position with Project READS must complete this application.

*The information provided will be kept confidential.*

## Contact Information

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(Please include MIDDLE initial along with first and last name.)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Primary Phone # \_\_\_\_\_ E-mail Address \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact Name and Phone Number \_\_\_\_\_

Do you have any medical conditions/food allergies of which we should be aware? Please list.

**If any of the above information changes, please contact the Project READS office immediately!**

## Personal Information

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex:  Male  Female

Ethnicity (please select one):  African American/Black  American Indian/Alaska Native

Asian/Pacific Islander  Hispanic/Latino  Multicultural/Biracial  White  Other \_\_\_\_\_

## Volunteer Tutor History and Prior Work with Youth or Children

Please list any prior experience working with children.

Years with Project READS? \_\_\_\_\_

Were you ever a Project READS student?  Yes  No

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Have you been convicted of a misdemeanor or felony in the last seven years?  Yes  No

If yes, please give date and nature of offense:

If you have lived outside of Indiana within the past 10 years, please list those cities/states here:

*Please note: A criminal history background check will be conducted on all volunteer tutor applicants. A criminal record will not necessarily prevent an applicant from being a volunteer tutor. A criminal record will be considered as it relates to specifics of the volunteer tutor position for which you are applying. Personal references may also be requested.*

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### Volunteer Statement of Commitment and Code of Ethics

As a volunteer tutor working with Project READS, I agree to the following:

- I give Project READS permission to conduct a background check on me, authorizing the release of information from state and/or local enforcement agencies.
- I understand that I am not allowed to give out any materials to the students involved in Project READS nor have personal contact with the students outside of the Project READS time without approval.
- I realize that I will not be allowed to start tutoring until my application has been approved and I have completed the mandatory training. I will be notified when I can begin.
- I will honor my volunteer tutor commitment of one hour per week and agree to accept guidance and training from agency staff.
- I promise to keep confidential matters completely confidential and conduct myself in a professional manner at all times.
- I will NOT use my cell phone during Project READS unless an emergency arises.
- I will notify my site coordinator of any problems or concerns that may arise concerning a student or the program in general.
- If I will be late to/absent from a Project READS session, I will notify the site coordinator as soon as possible, preferably at least two hours before the start of the session.
- I will have reliable transportation to get me to and from the Project READS site each week.
- I give permission for my photograph to be taken during Project READS activities and to be used for publicity, including social media.
- I understand that the misrepresentation or omission of information requested will serve as just cause for dismissal. I also understand that I will be dismissed if I violate policies/procedures or fail to fulfill my responsibilities as a volunteer tutor.

Volunteer's Name \_\_\_\_\_  
(Please PRINT.)

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please Return Application To:**

Project READS  
The Summit  
1005 W. Rudisill Blvd., Suite 308  
Fort Wayne, IN 46807  
FAX: 260.426.8989

**Questions? Please contact us:**

Phone: 260.423.6447  
[www.abouteducation.org](http://www.abouteducation.org)