



VOLUNTEERS APPLICATION

VOLUNTEER CONTACT INFORMATION

Volunteer's Name: _____ Start Date: _____

Volunteer's Duties: _____

Volunteer's Contact Information: Email: _____

Volunteer's Contact Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Keep Page 1 & Page 2 on file. Complete page 2 each time the volunteer provides service to the organization.

VOLUNTEER REFERENCES

Thank you for applying to serve as a volunteer. Please provide 2 contact references.

1. Name of Reference: _____ Phone Number: _____

Reference Organization: _____ Position: _____

2. Name of Reference: _____ Phone Number: _____

Reference Organization: _____ Position: _____

VOLUNTEER ORIENTATION

The Center Director or designee provided and discussed the following policies and procedures with the proposed volunteer. Volunteer must initial indicating the information was reviewed.

- Explained Required FBI Background Check Compliance _____
- Explained the Volunteer's Responsibilities _____
- Explained the Center's Discipline Policies and Procedures _____
- Explained the Safety and Evacuation Plan _____
- Provided the Center's Emergency Contact Number _____
- Provided a Copy of the MSDH Childcare Regulations _____
- Explained Procedures for Reporting Accidents, Injuries, Illness and Discipline Issues _____
- Explained Absentee and Call-in Procedures _____
- Explained Telephone, Cell Phone and Copier Use _____
- Explained Meal Service, Housekeeping and Transportation Duties _____
- Explained CDC & MSDH COVID-19 Precautions _____
- Explained the Center's After School and Summer Camp Program Duties _____
- Explained the Center's Acceptable Use Policy for Internet and Computers _____
- Explained the Organization's Code of Ethics _____
- Explained the Organization's Dress Code and No Use of Tobacco Policy on Campus _____

The volunteer orientation process has been completed:

Volunteer's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

This Center is licensed by the MS Department of Health. All personnel and volunteers must pass a required background check.



VOLUNTEERS SERVICE WEEK FORM

www.techgenerationLC.com

www.dgwFoundation.org

VOLUNTEER SERVICE HOURS FOR THE WEEK OF: _____

The volunteer provided volunteer services as indicated below:

Volunteers Start Date: _____ **End Date:** _____

✓ **Total Number of Hours Volunteered This Week:** _____

Volunteer's Name: _____ Start Date: _____

Volunteer's Organization (if applicable): _____

Volunteer's Duties: _____

Volunteer's Contact Information: Email: _____

Volunteer's Contact Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Volunteer's Essential Duties and Responsibilities:

- *Tutor and mentor After School and Summer Camp students*
- *Answering phones, assisting with correspondence and filing*
- *Respect and maintain confidentiality*
- *Classroom and playground supervision*
- *Other duties specifically around coordination of special events, or as assigned by Center Director which may include assisting with tutoring, meals and transportation service*
- *Must present a professional appearance and a friendly manner*
- *Must be able to take direction from supervisor with a positive attitude*
- *Must be dependable, punctual and willing to take initiative*
- *Must be courteous and personable when dealing with parents and the public*
- *Must be kind to children and other personnel*

Thank you for your service

Center Name: _____ **Address:** _____

Volunteer's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

Give a copy of this page to the volunteer for their records.