



208 East Front Street
Laurel, DE 19956
(302) 715-5318

Dear Potential Volunteer/Mentor:

Thank you for your interest in The ARK Educational Resource Center. Without our volunteers, our program would not be possible. Whatever opportunity you decide to volunteer for, just know you are making a huge difference in the lives of families who have a child(ren) who needs additional educational support.

There are a few different volunteer opportunities to choose from:

► **Special Events/Trip Volunteer**—Your main responsibility is to be a safety monitor on special events/trips (tasks will vary depending on the event).

► **Office Volunteer**—May assist with office tasks such as stuffing envelopes, making phone calls, filing, etc.

To be eligible to be a volunteer, you must first fill out the volunteer application and provide us with a **copy of your current resume' and a copy of your current driver's license or photo identification**. When the application has been completed you can either mail or hand deliver it to The ARK Educational Resource Center. Once your application and resume' have been received and reviewed, you will be contacted to set up an orientation based upon your volunteer interest. If you are interested in volunteering for something specific, I cannot guarantee that there will be a spot available to you. In this case, you will be placed on our waiting list and will be notified when an opportunity becomes available.

Again, thank you for your interest in our program. If you have any questions, please do not hesitate to contact me.

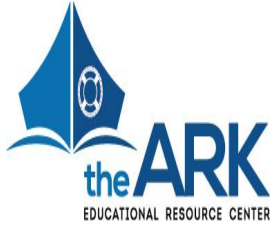
Sincerely,

Joyce A. Sessoms, M.Ed.

Program Director

TheARKAdvantage@comcast.net

(302) 715-5318



Volunteer/Mentor Application

Please print clearly and fill out the application in its entirety

Name (*first, middle and last*) _____

Home Address _____ Apt/Suite _____

City _____ State _____ Zip _____

Phone Numbers _____
Please include area codes cell home work

Preferred method of communication (*please circle*): cell home work

Best time to call: _____ Male () Female ()

Email: _____

Date of Birth: _____

Employer _____ Position _____

Work Address _____

City _____ State _____ Zip _____

Why are you interested in volunteering with The ARK Educational Resource Center?

THE ARK USE ONLY

Received _____ Contacted _____ Orientation ² _____ Background Check _____

Driver's License _____ Photo I.D. _____

How did you hear about The ARK? () Word of Mouth () Newsletter () Other _____

I would like to be considered for the following volunteer opportunities: *(you may select more than one)*

() Mentor () Tutor () Special Events/Trips () Office Help () Public Relations

Please list any languages that you speak, read and/or write fluently, in addition to English: _____

Have you volunteered for other organizations? ____ Yes ____ No

(If you checked yes, please continue below)

Organization Name: _____

Describe volunteer service below:

Organization Name: _____

Describe volunteer service below:

Please describe any work or personal experience you think might be relevant to our program:

Do you have any hobbies or special talents?

Release for Publication

Please initial below

During the course of your service to the ARK Educational Resource Center, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By initialing below, you may choose to grant or deny The ARK, Inc. permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of The ARK, Inc. By granting permission below, you hereby release and hold harmless The ARK, Inc. from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.

_____ “YES, I give permission to be
Initial photographed and/or
videotaped for publication.”

OR _____ “ NO, I deny consent to be
Initial photographed and/or
videotaped for publication”

Permission to Participate & Release of Claims

(If you are not volunteering for special events/trips please stop filling out the application at this point)

I, _____ (*sign your name*) hereby give permission to travel with the ARK Educational Resource Center as a volunteer in the program. In consideration of participation as a special events/trip volunteer, I for myself, heirs, executors and administrators, hereby personally, release, indemnify, save and hold harmless, acquit, forever discharge and waive any claims or causes of action which I may now or hereafter have against The ARK Educational Resource Center, other participating agencies, all corporate sponsors and collaborators, and their respective subsidiaries and affiliates and any and all of their officers, directors, trustees, agents, servants, associates, employees, representatives, shareholders, beneficiaries, successors, and assigns, of all liabilities, claims, actions, damages, costs, or expenses which they or I may now or hereafter have arising out of or in any way connected with participation in The ARK

Educational Resource Center including, but not limited to, travel and injuries which may be suffered before, during, or after the events.

I understand that this waiver includes any claims based on negligence, action, or inaction of the above parties. I understand that I am assuming the risk for any activities we participate.

Printed Name Date

Medical History and Information

All of this information is kept confidential. It is extremely important that you list all current allergies to medication and/or foods, along with any over the counter or prescription medications.

Do you have allergies to any food, medicines or any substance? YES or NO If yes, please list.

Allergies: _____ Reaction: _____

Allergies: _____ Reaction: _____

Allergies: _____ Reaction: _____

Do you have any food restrictions? (*vegetarian, no meat, gluten free, etc.*) YES or NO If yes, please list.

Do you have any health conditions that may limit your participation? YES or NO If yes, please explain.

Due to the high emotional demands of this job, is there anything The ARK staff needs to be made aware of to ensure that your experience is a pleasant one? YES or NO If yes, please explain.

Please list all current over the counter and/or prescription medications. () Check here for **no** medications

Medications	Amount	How Often?

Physician Information

Please list your primary care physician only

Name Phone Number

Medical Insurance

Please attach a copy of your insurance card to this application

Name of Company: _____ Phone #: _____

Name of Policy Holder: _____

Member ID: _____ Group #: _____

Emergency Contact

First & Last Name Relationship Phone Number

Permission to Administer Treatment

Please sign and date below

The information contained in this Medical History Form is correct and complete to the best of my knowledge. I can participate in trips and special events hosted by The ARK Educational Resource Center with exception to those noted on this form and agree to abide by any restrictions placed on me.

I give permission to The ARK Educational Resource Center to arrange necessary health-related transportation for me.

Signature

Date

Once your application is completed, please return it and any related documentation to THE ARK office.

Revised: 2016

The ARK Educational Resource Center does not discriminate on the basis of race, national origin, color, creed, religion, sex, age or disability. The ARK is a 501c3 Non-Profit Organization.