



208 East Front Street Laurel, DE 19956
Phone: (302) 715-5318 * FAX (302) 715-5319
Webpage: Arkeducation.org
Email: www.arkadvantage@comcast.net

Dear Potential Volunteer/Mentor:

Thank you for your interest in The ARK Educational Resource Center After School Program. Whichever opportunity you decide to volunteer for, just know that you are making a huge difference in the lives of families who have a child(ren) who needs additional educational support.

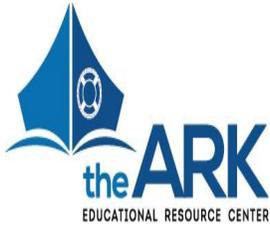
There are a few different volunteer opportunities to choose from:

- ▶ **Special Events/Trip Volunteer**
- ▶ **Office Volunteer**
- ▶ **Teen Boys & Girls Group Facilitator**
- ▶ **Parent Liaison**
- ▶ **Recruiter**
- ▶ **Fundraiser**
- ▶ **Grant Writer**

To be eligible to become an ARK volunteer, you must first fill out the application and provide us with **a copy of your current resume' and a copy of your current driver's license or photo identification**. Once your application and verification documents have been received and reviewed, you will be contacted to set up an orientation.

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.
Executive Director



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 _____ 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?

What age group do you enjoy working with the most: *(you can circle more than one group)*

Youth (ages 10-12) Teens (ages 13-18) Adults (18 & older)

Please list 3 references:

Name	Relationship	Time known	Phone number
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Have you ever been charged with or convicted of the following: *(please check yes or no)*

a) Felony? ___Yes ___No

b) Any crime involving a sexual offense, an assault or the use of a weapon? ___Yes ___No

c) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes?
___Yes ___No

d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger?
___Yes ___No

If you answered Yes to any of the above four items, please explain. _____

The ARK Educational Resource Center has my permission to:

Please check below:

Verify the 3 references I have provided. ___Yes ___No

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer for the ARK Educational Consulting, Inc.

Your Signature Date

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
_____	_____
Signature	Date

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

Revised: 7/ 2021

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.