



Volunteer Application and Agreement

Name: _____

Address: _____ City _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ Occupation: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Education Level: _____

Previous Volunteer Experience: _____

Hobbies, Interests, and Skills:

Race/Ethnicity: W-White _____ B-Black _____ I-American Indian/Alaskan _____ A-Asian/Pacific

Islander _____ H-Hispanic _____ U-Unknown _____ Sex: Male _____ Female _____

What kind of volunteer work interests you?

Availability: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Any Day _____

School Preference: North High School _____ East High School _____ Central Middle School _____

Northside Middle School _____ Hauser Jr .Sr. High School _____ CSA- New Tech High School _____

Available Hours for tutoring 7:45 am to 4:00pm Monday thru Friday, and after 4:00 Monday thru Friday:

Areas of interest/ability for tutoring:

_____ English _____ Basic Math _____ Pre-Algebra _____ Algebra _____ Geometry _____ Biology

_____ Chemistry _____ Earth Sciences _____ Physics _____ General study habits _____ Other Subjects

Do you have transportation? Yes: _____ No: _____

How did you hear about iGrad?

In order to provide a safe environment for children, the following information is required. Please list all criminal convictions and pending charges. If none, write none (a conviction does not necessarily mean you will not be considered as a volunteer).

Have you ever been found guilty of abuse, negligence, or mistreatment of a child with the Indiana Department of Children Services or elsewhere? Yes _____ No _____

Volunteer Agreement and Waiver

By agreeing to volunteer for iGrad, I, _____ agree to follow mutually established schedule . If I am unable to maintain the schedule, I agree to contact the Volunteer Coordinator and Coach as soon as possible. I also agree to take direction from iGrad staff personnel, including in-school Team Leaders and Graduation Coaches. I agree to be responsible for my behavior and to act in accordance with the guidelines set forth during volunteer orientation and subsequent training. I also understand that, while unlikely, I may be involved in activities that have the potential risk for injury, and I agree that I will not hold iGrad or any of its sponsors responsible for personal harm or property damage that may come as a result of my participation. I also understand that while a meaningful commitment term is requested of volunteer student mentors and tutors, both iGrad and I have the right to end my participation in volunteering at any time by clearly communicating that intention.

To maintain safety and funding standards, iGrad conducts criminal background checks on volunteers working directly with students. By signing below, I give my consent for iGrad to conduct a criminal background check before I begin volunteering with any student in the capacity of a mentor or tutor. This information will be kept confidential.

Volunteer Signature

Date

Confidentiality Statement:

I understand that information concerning students and their families receiving services in any manner from iGrad is completely confidential. I agree that I will not disclose any information about any student or family except with iGrad staff personnel and volunteers of the Program as necessary for the safety and best interests of participating students.

Volunteer Applicant Signature

Date

Before you begin to volunteer with iGrad, we must receive your complete application including a signed volunteer agreement consenting to a criminal background check.

Staff will conduct reference and background checks and contact you to schedule an interview and training. We encourage all volunteers to commit to a regular schedule and meaningful term, to create more consistency for.

I declare that all of the statements I have made in this screening summary are true and correct to the best of my knowledge.

Signature

Date

Please list two personal or professional references:

1) Name: _____ Phone Number: _____ Relationship to you: _____

2) Name: _____ Phone Number: _____ Relationship to you: _____

Questions?

Contact: Volunteer Coordinator 812-314-8628

Complete application and return it to the iGrad Program Office, c/o Ivy Tech,

4475 Central Avenue, Columbus, IN 47203

WEBSITE <http://www.igradcolumbus.com>