



# OPMAD VOLUNTEER APPLICATION FORM

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship \_\_\_\_\_

**AVAILABILITY:** Circle days available: Mon. Tues. Wed. Thurs. Fri.

Times available \_\_\_\_\_

Name of specific school/ you are requesting: - \_\_\_\_\_

Do you have a preference for grade level/age: \_\_\_\_\_

Have you been convicted of a felony? \_\_\_\_\_

If so please explain: \_\_\_\_\_

### HEALTH INFORMATION

Any known allergies: \_\_\_\_\_

### SKILLS AND INTERESTS

Educational Background: \_\_\_\_\_

Hobbies/Interests/Special Skills: \_\_\_\_\_

Are you bilingual? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what language(s) do you: Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Write: \_\_\_\_\_

### VOLUNTEER AGREEMENT

Your signature below indicates the following:

1. Your understanding that there will be no financial compensation for your services.
2. You will adhere to the rules and regulations set forth by the staff of OPMAD.
3. You will take an active role to ensure there is a safe environment at all times for the participants of the OPMAD After-School Enrichment Program.

**The above information is accurate to the best of my knowledge.**

\_\_\_\_\_  
(Volunteer signature)

\_\_\_\_\_  
(Date)

**\*Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sex, disability, or sexual orientation.**

### PARENTAL CONSENT FOR YOUTH VOLUNTEERS

Name of Youth Volunteer \_\_\_\_\_

Your signature indicates the following:

- 1 Your approval for your child's participation as a volunteer in the OPMAD Program.
- 2 Your understanding that transportation to and from the OPMAD Program is NOT provided to volunteers.
- 3 Your understanding that the participating school district and their officers, agents, employees, and volunteers shall not be responsible for any injury to your child while your child is in the program.

This authorization will remain in effect for the duration of the volunteer's involvement with OPMAD.

\_\_\_\_\_  
(Parent/Guardian signature)

\_\_\_\_\_  
(Date)