



Summer CIT (Counselor In Training) Volunteer Information

We appreciate your interest in volunteering for Organized Parents Make A Difference, Inc

Currently we are offering Summer Enrichment programs at:

- Moylan Elementary School
- Parkville Community School

Possible hours of operation are: 7:00 a.m. to 5:00 p.m. daily.

To be accepted as a volunteer the following steps must be completed:

- ♥ Volunteer Application Form
- ♥ Emergency Contact Form
- ♥ An interview
- ♥ Official acceptance

Once accepted, an informational orientation/meeting will be scheduled along with a tour of your assigned school site. You will create your work schedule with the CIT Coordinator.

The School Site Coordinator will be available to assist you at the school site. You will be working with an adult staff person who will help you learn the routine.

We hope that your experience with OPMAD will help you grow as a person, learn how to work with children and adults and earn valuable work experience.

Your volunteer work will have a positive impacting the lives of children and the community.

Thank you for your interest and we look forward to making this an exciting, productive experience for you.

If you have any questions please contact me at the OPMAD office; (860)548-0301 x104.

Sincerely,

Mary Matos

Mary Matos

CIT Coordinator

mary.matos@opmad.org

www.opmad.org



Organized Parents Make A Difference, Inc.
Summer CIT (Counselor In Training)
VOLUNTEER APPLICATION FORM

Date: _____

Name: _____ **Phone:** _____

Address: _____ **City:** _____ **Zip** _____

Date of Birth: _____ **Age:** _____

Social Security # (18 & over): _____

Emergency Contact:

Name: _____ **Phone:** _____

Relationship _____

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

Times available: From _____ To _____

Circle specific school/ you are requesting: Parkville or Moylan

Do you have a preference for grade level/age of children to work with: _____

HEALTH INFORMATION

Any known allergies: Yes _____ No _____

If Yes which allergies _____

SKILLS AND INTERESTS

Educational Background: Middle School _____ High School _____ College _____

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 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 (17 years and under)

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
- 3 Your understanding that the participating school district and their officers, agents, employees, and volunteers will 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.

Print

Name: _____ Relationship _____

(Parent/Guardian signature)

(Date)