



DeKalb County HOPE, Inc. Volunteer Application

Mission Statement

Building positive relationships with students to help improve their opportunities for success in the classroom and in life through a volunteer, school-based mentoring program with DeKalb County schools.

Volunteer Role and Responsibilities

1. Attend an initial training session offered by DeKalb County HOPE.
2. Commit to spending an hour a week for one school year with a student deemed able to benefit by having an additional caring adult in his/her life.
3. Enjoy your time and have fun with your HOPE student!



DeKalb County HOPE, Inc. Preference Survey

Volunteer Information:

Name: _____ Date of Birth: _____
Address: _____ E-Mail: _____
Phone Number: _____

I am interested in working with...

Number in order of preference (1=First Choice)

- _____ Kindergarten and First Grade
- _____ Second and Third Grade
- _____ Fourth and Fifth Grade
- _____ Grades 6 – 8 (Middle School)
- _____ Grades 9-12 (High School)
- _____ Any Age Student

I am interested in volunteering at...

Check all that apply

- _____ J.E. Ober Elementary
- _____ Garrett Middle School
- _____ Lakewood Park Christian School
- _____ St. Joseph Catholic School
- _____ James R. Watson Elementary
- _____ McKenney-Harrison Elementary
- _____ Waterloo Elementary
- _____ Country Meadow Elementary
- _____ DeKalb Middle School
- _____ DeKalb High School
- _____ Butler Elementary
- _____ Riverdale Elementary
- _____ Any School

I can volunteer...

Number in order of preference (1=First Choice)

- _____ Before School (7:30am - 8:00am)
- _____ Morning (8:00am - 10:00am)
- _____ Lunch Time (10:30am - 1:00pm)
- _____ Afternoon (1:00pm - 2:30pm)
- _____ After School (2:30pm - 4:00pm)
- _____ Any Time

I am available...

Number in order of preference (1=First Choice)

- _____ Monday
- _____ Tuesday
- _____ Wednesday
- _____ Thursday
- _____ Friday
- _____ Any Day

I have a Personal Interest / Talent...

Check all that apply:

- _____ Music
- _____ Creative Arts
- _____ Construction / Engineering
- _____ Health / Fitness
- _____ Other _____ (for clarity)

I can commit to...

Check your interest level

- _____ 1 Hour Per Week
- _____ 2 Hours Per Week
- _____ Other: Please Describe...

I am comfortable with...

Number in order of preference (1=First Choice)

- _____ Tutoring a student in reading
- _____ Tutoring a student in math
- _____ Being a positive role model

I can speak a foreign language...

Mark Yes or No

- _____ Yes
- _____ No

If yes, what language(s) do you speak?

Volunteer Application

Date: _____

Personal Information:

Mr.
Mrs.
Miss _____
(Last)
(First)
(Middle Initial)
(Maiden)

Address _____
(Street)
(City)
(State)
(Zip)

Permanent Telephone Number _____
(Area Code)
(Number)

Alternate Telephone Number _____
(Area Code)
(Number)

Education:

High School Graduate _____	Bachelors Degree _____	Other:
Some College _____	Advance Degree _____	Work Experience:
Associates Degree _____	Doctoral Degree _____	

Mentoring / Community Service Experience:

<u>Organization</u>	<u>Dates</u>	<u>Activity Type</u>

Personal References:

<u>Names and Address</u>	<u>Business or Profession</u>	<u>Telephone #</u>

For Office Use Only:

Volunteer is...	<input type="checkbox"/> ISP Criminal Background Check Completed <input type="checkbox"/> DeKalb County Sex Offender Registry Reviewed	
<input type="checkbox"/> Approved	<input type="checkbox"/> DeKalb County Sheriff's Department Warrant Registry Reviewed <input type="checkbox"/> Federal / Expanded Background Check Completed	
<input type="checkbox"/> Denied Approval	Reviewed By: _____	Date: _____
(Designated Official)		

VOLUNTEER AGREEMENT

I certify that the information given on this application is true and complete to the best of my knowledge.

I authorize you to make such investigations and inquiries as may be necessary in arriving at a decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of DeKalb County HOPE, Inc. and its affiliated school corporations.

MENTOR CONFIDENTIALITY AGREEMENT

I understand that I may gain information about a student that may be considered personal and/or confidential and should be treated accordingly. I agree that I will not disclose information obtained through my mentor relationship with a student to any third party who is not affiliated with the Student's teacher or school administrator, or the staff of DeKalb County HOPE, Inc. I further understand that any unauthorized disclosure of student information may be a violation of Indiana and/or Federal law.

**Date of Birth

Signature of Applicant

Date

This application will be kept in an active file by DeKalb County HOPE, Inc. until your relationship with the DeKalb County HOPE program is ended.

I understand that DeKalb County HOPE, Inc, or School Corporation, at their discretion, may accept or decline this application without providing me any reasons for the decision and has the right to terminate the relationship at any time.

DeKalb County HOPE, Inc. and its associated School Corporations do not discriminate against any individual because of race, sex, age, color, religion, national origin or physical handicap in the operation of its education programs or activities.

**This information is necessary in order to submit for a Limited Criminal History Check through the Indiana State Police.

A Limited Criminal History Check will be completed at the beginning of each school year or as needed at the discretion of DeKalb County HOPE, Inc. or its associated School Corporations.

DeKalb County HOPE, Inc.
Request for Background Information

Dear Applicant:

Serving as a volunteer with DeKalb County HOPE, Inc. involves contact with the student population of our associated School Corporations. We ask that you complete the questions below to help us evaluate your suitability to work with students. All applicants as a volunteer are expected to provide us with background information; you are not being singled out from other applicants for closer inspection. This insert is part of the application, and any misrepresentation or omission of fact shall be grounds for disqualification from further consideration, or for the termination as a volunteer, regardless of when the misrepresentation or omission is discovered.

Conviction of a crime, or any affirmative answer provided by you on this, is not an automatic bar to approval as a volunteer. DeKalb County HOPE, Inc. and its associated School Corporations will consider the nature of any conviction or alleged conduct underlying an affirmative response, the date of the alleged conduct in question, your intervening conduct, and the relationship between an offense or alleged conduct underlying an affirmative response and the position for which you are applying.

- A. Have you ever been investigated for, charged with, plead guilty or "no contest" to any crime involving the sexual abuse of any person, or indecency with a minor?

Yes No

- B. Have you ever been investigated for, charged with, arrested for, plead guilty or "no contest" to any crime involving alcohol or drugs?

Yes No

- C. Have you ever been charged with a crime, other than a minor traffic offense, where the court has deferred further proceedings without entering a finding of guilt, and placed you on probation or in a public service or education program?

Yes No

- D. Have you ever resigned from a prior position without being asked, but under circumstances involving your employer's investigation of sexual contact with another person, or mishandling of funds, or of criminal conduct?

Yes No

E. Have you ever been charged with, plead guilty or “no contest” (nolo contendere) to, or been convicted of any crime involving sexual abuse of any person or any other crime of moral turpitude? (Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general, and which is contrary to the accepted rule of right and duty between persons, including but not limited to, theft, attempted theft, murder, rape, swindling and indecency with a minor.)

_____ Yes

_____ No

If you answered “yes” to any one of the previous questions, please explain, in detail, including the date of charge, the court action, the offense in question and the address of the court involved; if not involved in court, please explain circumstances in detail, including employer, type of investigation, and the type of allegations. Use an additional page or pages, if necessary, and attach to this Request for Background Information, and attached to this application packet.

Signature

Date

An Expanded Background History Check will be completed every five years at the discretion of DeKalb County HOPE, Inc. or its associated School Corporations.

DEKALB COUNTY HOPE, INC
NOTICE TO VOLUNTEERS REGARDING EXPANDED BACKGROUND INVESTIGATIONS

I understand that a consumer report (background screening report) and/or an investigative consumer report (reference checks and/or interviews) that may include information from public or private sources regarding my character, driving records, criminal history, court records (both civil and criminal), qualifications and experience, work habits, and/or other information relevant to my volunteer service may be obtained in connection with my application as a volunteer with **DeKalb County HOPE, INC**.

I understand that, if I am approved for volunteer service by DeKalb County HOPE, INC, this background check authorization will be kept on file and may be used at any time during my service to procure further information when, in the judgment of **DeKalb County HOPE, INC**, such may be necessary.

I hereby release and discharge to the extent permitted by law, **DeKalb County HOPE, INC**, its employees, any individual or agency obtaining information for **DeKalb County HOPE, INC**, and any personal or professional reference, from any and all claims, damages, losses, liabilities, costs, or other expenses arising from the retrieving, reporting and/or disclosure of information in connection with this background investigation.

I understand that I am volunteering my services and declare in no way shall I be considered an employee or subcontractor or independent contractor of **DeKalb County HOPE, INC**.

By signing below, I, _____, have read, understand and consent to the above. I further authorize that a photographic copy or a telephonic facsimile of this document shall be valid for purposes present and future. My signature below certifies that all information I have provided in connection with this background check is true, accurate and complete to the best of my knowledge.

I understand that I have specific prescribed rights as a consumer under the Fair Credit Reporting Act and may have additional rights under relevant state laws. I hereby certify that I have read the Summary of Rights under the Fair Credit Reporting Act located at <http://www.safehiringsolutions.com/pdfs/FCRAsummary.pdf>

AUTHORIZATION

Print Name (last, first, middle) _____
Social Security Number

Date of Birth (MM/DD/YYYY) _____
Drivers License Number
(For ID Purposes Only) _____
Drivers License State

Any other names I have been known by: _____

Current Address: _____

Previous Addresses (Last 10 Years) _____

Signature _____
Date