

Volunteer Application

Your Personal Information

Prefix	First Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Gender	Phone Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email Address			
<input type="text"/>			
Home Address	City	State	Zip Code
<input type="text"/>			
Primary Language	Secondary Language		
<input type="text"/>	<input type="text"/>		
How did you hear about SSV? (Friend, social media, local flyer, etc.)			
<input type="text"/>			

Optional

On occasion, funders ask us for certain demographic information. Please share if you feel comfortable doing so.

Highest level of education completed:

<input type="checkbox"/> High School/GED	<input type="checkbox"/> Associates	<input type="checkbox"/> Bachelors	<input type="checkbox"/> Masters	<input type="checkbox"/> Doctorate
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How do you classify your race/ethnicity?

<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Multiracial	<input type="checkbox"/> White	<input type="checkbox"/> Other
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Affiliation

If your volunteer service is affiliated with your college, organization, or employer, please complete the section below to help us accurately track and recognize community partners. If not, continue to **Volunteer Role Selection**.

Name of college, organization, or employer:

Contact Person

Contact Email

Contact Phone

Volunteer Role Selection

Please select the statement below that best explains why you are completing this application.

- ☐ **SSV Volunteer Role:**
I am applying for SSV's Read Aloud Program, SSV's Mentoring Program, or another volunteer opportunity facilitated by SSV. **Continue to SSV Volunteer Role below.**
- ☐ **School-Based Volunteer Role:**
I need to complete a background check (CORI/SORI) for a school-based volunteer activity. (e.g., Coaching, Field trip, Field Day/Fun Day, PTO, etc.). **Continue to page 3.**
- ☐ **College/University or other External Program:**
I need to complete a background check (CORI/SORI) for a volunteer role through my college or another program (e.g., America Reads, BLAST, Link to Libraries, etc.). **Continue to page 3.**

SSV Volunteer Role

Thank you for your interest in volunteering with us! Please select one or more of the options below:

Preferred School(s):

☐ **SSV School-Based Mentoring**

Meet with students in a one-on-one or small group setting to impact social, emotional, and educational growth. Expected commitment is 1x/week for 30-45 minutes during the school year.

Preferred meeting format:

- ☐ One-on-one (one volunteer with one student)
- ☐ Small Group (one volunteer with 2-5 students)

Mentoring Grade Level Preference (pre-k through 12th):

☐ **SSV's Read Aloud Program**

Read aloud in participating pre-K through 5th grade classrooms once a month from October through February. Specific schedule determined by each participating school.

Read Aloud Grade Level Preference (Pre-k through 5th):

Specific Teacher or Student's Room Requested (if applicable)

☐ **I am looking for another kind of volunteer role**

Grade Level Preference (Pre-k through 12th):

What type of volunteer role are you interested in?

Availability: Please tell us what days and hours you are available.

Monday

Tuesday

Wednesday

Thursday

Friday

School-Based Volunteer Role

I am volunteering for the following activity/program (select all that apply)

<input type="checkbox"/> Academic/Classroom Support	<input type="checkbox"/> Volunteer Coaching	<input type="checkbox"/> Enrichment
<input type="checkbox"/> Field Trip Chaperone	<input type="checkbox"/> Field Day/Fun Day	<input type="checkbox"/> Library Support
<input type="checkbox"/> General School Support	<input type="checkbox"/> Other (specify)	<input type="text"/>

School(s) Name

If you are volunteering at more than one school, please specify which activity or program is associated with each school. (Ex: Coaching at Central; Enrichment at Duggan)

Start Date

First day you will be volunteering

End Date

Last day you will be volunteering

Event Date

The day of the field trip or fun day

Schedule: Please tell us the days and times you will be volunteering. (Ex: 9:00am-1:00pm)

Monday

Tuesday

Wednesday

Thursday

Friday

Contact Name: Provide the name of the teacher, coach, or staff member who is your contact.

Academic Support & Coaching Details: Please tell us the academic subject or sport you are supporting.

Student Name: Provide the name of the student you are attending a school event with or supporting.

College/University or External Program

I am volunteering for the following activity/program (select all that apply)

<input type="checkbox"/> Financial Literacy	<input type="checkbox"/> Follow My Steps	<input type="checkbox"/> Foster Grandparent Program
<input type="checkbox"/> Link to Libraries	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Para-Educator Training Program
<input type="checkbox"/> Observation / Shadowing	<input type="checkbox"/> Other (specify)	<input type="text"/>

School(s) Name

If you are volunteering at more than one school, please specify which activity or program is associated with each school. (Ex: Coaching at Central; Enrichment at Duggan)

Start Date

First day you will be volunteering

End Date

Last day you will be volunteering

College/University or External Program *(continued)*

Schedule: *Please tell us the days and times you will be volunteering. (Ex. 9:00am-1:00pm)*

Monday

Tuesday

Wednesday

Thursday

Friday

Contact Name & Email: *Provide the name and email address of the contact person for your program.*

Shadowing/Observation Details: *Provide the name of the person you are observing or shadowing.*

Para-Educator Training Details: *Provide the name of the institution that is completing your training.*

Personal Reference

Please provide a reference who can speak to your suitability for the volunteer role you have selected.

First Name

Last Name

Phone

Email Address

How do you know this reference?

How long have you known this reference?

Other Information

Please use the space below to provide any additional information that will enable us to best facilitate your desired volunteer assignment or accurately record your volunteer service.

Authorization

Your signature below indicates that you have read and agree with the following:

- I certify that the above information is true and complete to the best of my knowledge.
- I understand that all volunteer work will take place only at the assigned location.
- I understand that to volunteer, I am required to pass a background check by submitting a COR/SORI Acknowledgment form along with a valid passport, driver's license or other government-issued photo ID.

Signature

Date