60 S. High St. Akron, Ohio 44326 **T:** 330.434.9461 **F:** 330.643.9195

www.projectlearnsummit.org **Hours:** Monday-Friday 8:30 AM-4:30 PM

**E:** volunteer@projectlearnsummit.org

Please fill out all information & return to PL by e-mail or to business address listed above:

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| **Volunteer Information** | | |
| Today’s Date: / / | Gender: Male\_\_\_\_ Female\_\_\_\_ | |
| First Name: | Last Name: | |
| Street Address: | | |
| City: | State: | Zip Code: |
| Phone: (Home) | Phone: (Cell) | |
| Email Address: |  | |

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| **Emergency Contact Information** | | | |
| Name: | | Relationship: | |
| Phone: (Cell) | (Home) | | (Work) |

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| **Contact with Project Learn of Summit County** |
| Have you ever worked or volunteered with PL? No\_\_\_\_ Yes\_\_\_\_  If yes, when and in what capacity? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Do you know anyone who works or volunteers at PL? Yes\_\_\_\_ No\_\_\_\_  If yes, who? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Where did you learn about volunteering at PL? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are you volunteering to meet a requirement? No\_\_\_\_ Yes\_\_\_\_ If yes, please explain.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Why do you want to volunteer at PL? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Education** |  |  |
| Name of High School: | City & State: | High School Graduate:  Yes\_\_\_\_ No\_\_\_\_ |
| Name of College: | City & State: | Currently Enrolled?  Yes\_\_\_\_ No\_\_\_\_ |
| Degree or Area of Study: | | Graduation Date: |
| Advanced degrees? Yes\_\_\_\_ No\_\_\_ What field(s)? | | |

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| **Volunteer Profile** | | |
| Are you currently employed? Yes\_\_\_\_ No\_\_\_\_\_ If yes, who is your employer?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Do you have previous volunteer experience? No\_\_\_\_ Yes\_\_\_\_ If yes, please list below: | | |
| Name of Organization: | Description of Duties: | Dates of Service: |
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| **Availability** | | | | | | | |
| Write times you are available each day; write **X for unavailable** days. |  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| Morning  8 am - Noon |  |  |  |  |  |  |
| Afternoon  Noon – 5 pm |  |  |  |  |  |  |
| Evening  5 pm – 8 pm |  |  |  |  |  |  |

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| **Tutoring** |
| Sometimes a teacher will utilize a volunteer for one-on-one tutoring during class hours. Are you interested in working with students in this capacity? Yes\_\_\_\_ No\_\_\_\_ |

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| **Language Skills** |
| Are you proficient in any language(s) other than English? Yes\_\_\_\_ No\_\_\_\_  If yes, which language(s)? Please indicate proficiency level of speaking, reading, and writing in each language. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **References** |
| Please provide the names of two people you know who are over 18 years of age and who are not your relative(s). |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How long have you known this person?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to you:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  How long have you known this person?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Background |
| Have you ever been convicted of a misdemeanor (excluding traffic violations, unless alcohol or drug related)?  Yes\_\_\_\_ No\_\_\_\_ If yes, please list the dates and explain the conviction.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Have you ever been convicted of a felony? Yes\_\_\_\_ No\_\_\_\_ If yes, please list the dates and explain the conviction(s).  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Please note: PL may require applicants to submit to a background check and fingerprinting. While a conviction doesn’t necessarily disqualify an applicant, failure to disclose this information to PL will result in termination or disqualification of an applicant. Additionally, volunteers must agree to inform PL immediately of any changes to their criminal record/history within five business days of the event. |

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| Agreement & Signature |
| I certify that the information I have provided in this application is true and complete to the best of my knowledge. I understand that if any information given is not true, I may be denied volunteer placement or dismissed from my service. If accepted as a volunteer, I will comply with the values, policies and procedures of Project Learn as presented by staff. I clearly understand that, as a volunteer, I am not entitled to compensation or fringe benefits of any kind. I also authorize Project Learn to conduct a background check. I hereby release and hold harmless Project Learn of Summit County, its employees, directors, officers and agents from any and all claims, costs, damages, losses, liabilities, including attorney fees or expenses related to Project Learn’s processing and accepting this application.  X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Our Policy |
| It is Project Learn of Summit County’s policy to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Project Learn of Summit County reserves the right to deny an application based on criminal history records. |

Please return your completed application to Project learn by email to volunteer@projectlearnsummit.org or by hand to PL’s South High Street location. Thank you for your interest in volunteering with Project Learn of Summit County.

*Placement* *Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_* \_\_\_\_\_\_\_ *Application received by staff:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*