## Contact Information

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City State Zip |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Availability

### During which hours are you available for volunteer assignments? Please Circle M T W TH F

|  |  |
| --- | --- |
| \_\_Weekday Mornings | \_\_Weekday Afternoons \_\_Weekday Evenings |
| \_\_Weekend Mornings | \_\_Weekend Afternoons \_\_Weekend Evenings |
|  |  |

## Interests

### Put a check in the areas you are interested in volunteering

|  |
| --- |
| After-School/Summer Program Tutor Reading/Math |
| Book Cataloguing  |
| Data Entry |
| Special Projects with students (Art, Social Skills, Movement) |
| Cleaning and organizing |
| Painting |
| Building Maintenance  |
|  |
| Special Skills or QualificationsSummarize any specific skills or qualifications you have gained from employment, previous volunteer work, or through other activities including hobbies or sports.**COVID-19 Policy** There will be a mandatory temperature check upon arrival, and it is required that all adults wear a mask while on premises. If you, or anyone in your family tests positive for COVID-19, it is your responsibility to inform FLC so that we may take proper precautions to protect our students, staff, and volunteers. If any student, staff member, or volunteer tests positive, the site will shut down for a period of 14 days.  |

## Previous experience with children

### Summarize your experience working with children. *To be completed if you are applying to volunteer in the After-School or Summer Program*

|  |
| --- |
|  |

## Why volunteer?

### What made you want to volunteer at Flickinger Learning Center?

|  |
| --- |
|  |

## Person to Notify in Case of Emergency

|  |  |
| --- | --- |
| Name |  |
| Street Address |  |
| City ST ZIP Code |  |
| Home Phone |  |
| Work Phone |  |
| E-Mail Address |  |

## Agreement and Signature

### By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Date |  |

## Our Policy

### It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

### Thank you for completing this application, and for your interest in volunteering with us.