



## EMPOWERED YOUTH OF COLUMBUS VOLUNTEER APPLICATION



Dear Potential Volunteer,

Thank you for your interest in Empowered Youth of Columbus! No matter how you choose to give your time to EYC, you will be making a huge difference in the lives of children and families in our community. We operate from 2:30-5:30pm our Elementary school sites and from 3:30-6:30pm at High School and Boys & Girls Club locations. Everyone has different skills to offer, so we welcome your input in the area of your strength.

PRINT Last Name	First Name	Middle	Date of Application
Street Address			Primary Phone
City	State	Zip Code	How did you hear about EYC?
Email Address			Preferred method of communication <input type="checkbox"/> Phone <input type="checkbox"/> Email
Emergency Contact Name			Emergency Contact Phone
Name of Current Employer or School			Are you at least 18 year of age? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been EMPLOYED with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No No If yes, when? Which location?		Have you ever VOLUNTEERED with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No No If yes, date(s):	
How would you like to volunteer with EYC and for how long (ex: Mondays 3 hrs for 4 weeks)?			
Type of volunteer: <input type="checkbox"/> Mentor <input type="checkbox"/> Teaching Artist <input type="checkbox"/> Career Series <input type="checkbox"/> Substitute <input type="checkbox"/> Tutoring <input type="checkbox"/> Administrative Support <input type="checkbox"/> Reading Buddy			
<b><u>Additional Information</u></b>			
Subject areas you feel VERY comfortable teaching/assisting: _____			
Not so comfortable: _____ Circle the age/grade you prefer to teach:    K-6 <sup>th</sup> grade    3 <sup>rd</sup> -5 <sup>th</sup> grade    7 <sup>th</sup> -12 <sup>th</sup> grade			
Any additional information you feel would be helpful: _____			
<b>REFERENCE</b>			
Name	Type of Reference (professional or personal, former employers/supervisors preferred)	Phone Number (REQUIRED)	

### Release for Publication

During the course of your time volunteering for Empowered Youth of Columbus, there may be occasions when you could be photographed and/or videotaped by staff, partners, or media. By initialing below, you may choose to grant or deny EYC permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, etc. for use in public understanding and support of the EYC program. By granting permission below, you hereby release and hold harmless EYC from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes. Please **initial** one of the options:

\_\_\_\_\_ YES, I give permission to be photographed and/or videotaped.      \_\_\_\_\_ NO, I deny consent to be photographed and/or videotaped.

Have you been arrested for any crime within the past three (3) years?    Yes     No

My signature below certifies:

- All statements and information submitted on this application are true and correct.
- I understand that authorization to volunteer may be contingent upon receipt of satisfactory results from a national background check. I release such agencies from liability for any information that they may provide.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE