



Last Name:		First Name:		MI:	Title:
Home Address:			City:	Zip:	
Home Phone:		Work Phone:		Cell Phone:	
Email:					
May we put you on the email newsletter list?			Native Language:		
Other Languages You Read, Write, or Speak:					
Most Recent Employer:			Type of Work:		
Currently in school?	School Name:			Major/Minor:	

Statistical Information

DOB and Gender Identity	Date of Birth (m/d/y):				
	Gender:				
(for Grant Info)	<input type="checkbox"/> Veteran	Service Yrs_____	<input type="checkbox"/> Baby boomer born 1946-1964		
Ethnic Origin:	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White	<input type="checkbox"/> Black/African American		
	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> Other:		

Education	<input type="checkbox"/> Up to Grade 12	<input type="checkbox"/> GED	<input type="checkbox"/> High School Diploma
	<input type="checkbox"/> Some College	<input type="checkbox"/> College Degree	<input type="checkbox"/> Graduate Degree

Employment Status	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Retired	<input type="checkbox"/> Disabled
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Other:	

Residence Status	<input type="checkbox"/> US Citizen	<input type="checkbox"/> Immigrant	<input type="checkbox"/> Permanent Resident		
	<input type="checkbox"/> Temporary Resident	<input type="checkbox"/> Refugee			
How did you hear about Learning Empowered?	<input type="checkbox"/> VolunteerMatch	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Church	<input type="checkbox"/> Employer	<input type="checkbox"/> TV/Radio
	<input type="checkbox"/> Special Event	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Learning Empowered Website	<input type="checkbox"/> Library	

Other:

References

Please list two persons not related to you that we may contact as references.

Name:	Name:
Phone:	Phone:
Email:	Email:
Relationship:	Relationship:

Interests

Please mark the types of volunteer work that interest you the most.

<input type="checkbox"/> Administrative (mailings, typing, assembly, answering telephone calls)
<input type="checkbox"/> Tutoring Adults (teaching English language or Citizenship)
<input type="checkbox"/> Tutoring Pre-School Age Children (teaching English language, classroom aide, special events)
<input type="checkbox"/> Working with Infants (rocking, feeding/giving bottles, classroom aide)
<input type="checkbox"/> Public Relations/Publicity (speaking to groups, writing, delivering flyers, serving on PR committee, serving as a liaison to your organization)
<input type="checkbox"/> Computer (computer lab coach, teaching basic computer classes, computer equipment maintenance)
<input type="checkbox"/> Handyperson (building maintenance, painting, etc)
<input type="checkbox"/> Sewing Projects
<input type="checkbox"/> Board of Directors or Special Committee
<input type="checkbox"/> Other:

Emergency Contact Information

Last Name:	First Name:	Title:
Contact Phone:	Relationship to You:	
Special Needs regarding your medical condition:		

Are you a seasonal resident?

Yes

No

If so, what months are you unavailable to volunteer?

When are you available to volunteer?

Mornings

Afternoons

Evenings

Which days of the week?

Preferred location to volunteer?

Faith-based group: (if applicable)

Why would you like to be a Learning Empowered volunteer?

Are there any special skills, experience or interests that you would like to use while volunteering with us?

Please return this application to us

By email: volunteer@learning-empowered.org

By fax: (727) 286-6293

By mail or in person:

Learning Empowered, 12945 Seminole Blvd., Bldg. 2, Largo, FL 33778

For office use:

Program Assignment:	Site:
For ESOL - Workshop Completed:	Date of Application:



Volunteer Agreement

Last Name _____ First Name _____
Program Assignment _____ Site _____

I understand that my volunteer work with Learning Empowered is deeply appreciated and valued.

I understand that as a volunteer I have certain rights, such as:

- To be treated with respect, dignity and sensitivity
- To ask questions I might have and clarify expectations of my role as a volunteer.
- To work with my program supervisor to set time limitations and schedules that work for me
- To give feedback and suggestions to my supervisor or the agency Volunteer Coordinator that would help me and Learning Empowered work more effectively for clients
- To expect confidentiality and protection of my records and personal information
- To be informed prior to any change in my volunteer assignment

I also understand that as a volunteer I have certain responsibilities, such as:

- To treat all clients and staff members with respect, dignity and sensitivity
- To always be prepared ahead of time to do my assigned job
- To obtain needed materials and resources authorized by the agency for completing my assigned task
- To attend in-service trainings, workshops or refresher groups that Learning Empowered provides so I may stay up-to-date in my knowledge and skills
- To turn in all assigned paperwork and reports in a timely manner
- To notify my program supervisor, as far in advance as possible, when I will not be able to serve
- To notify my program supervisor if any problems occur or if I have concerns

I understand that I have the responsibility to respect the religious affiliation or non-affiliation of all Learning Empowered clients, volunteers and staff members.

I understand that as a volunteer I am not to transport any client to or from any Learning Empowered site without specific approval of the Learning Empowered program supervisor.

I understand that, while my assigned clients may be extremely appreciative of my volunteer work with them and wish to acknowledge that through gifts to me, the agency policy is that staff and volunteers may not accept monetary gifts or items with any appreciable value.

I understand that if I become concerned about a client to whom I am assigned, I need to talk with my program supervisor and that if I become aware of any form of abuse or neglect that this must be reported immediately to my supervisor and the Department of Children and Families.

I understand that if I am 18 years of age or older and volunteer with children or the elderly more than 10 hours per month, the State of Florida requires a fingerprint background check. At the Centers for Early Learning, a full employee file and 40 clock hours of classes are required as well by Pinellas County Licensing Board.

Confidentiality Statement

It is imperative that all staff and volunteers who are engaged within the programs of Learning Empowered and provide service to consumers respect the confidentiality of information concerning each adult, youth and child.

Families or persons with whom you work and their circumstances, progress, etc. are not to be discussed with anyone outside of the agency, staff, or supervisor. If it is necessary to refer a child or family to outside supportive services only the staff may do this.

Volunteer Initials _____

Public Relations Statement

Positive visibility and community support are essential ingredients for all Learning Empowered seeks to do in our programs. Volunteers are asked to please refer all media inquiries to the agency Executive Director.

Volunteer Initials _____

As a volunteer for Learning Empowered, I accept all the above rights and responsibilities and agree to follow all agency guidelines and policies.

Signature _____ Date _____

Permission for Recording and Photography

Photographs, videotape, audio recordings and/or digital recordings will be taken at Learning Empowered programs, workshops, events, etc. I hereby give my permission for myself to be photographed, videotaped, audio recorded or digitally recorded while participating in these activities. I agree that these images may be used by Learning Empowered for a variety of purposes such as promoting outreach and recruitment, training, public relations, fundraising, or evaluation. I agree that these images may be used without further notifying me. I understand that there will be no financial compensation for the use of images taken of me.

Signature _____ Date _____

Parent's signature if under 18 _____ Date _____

Waiver of Liability

Volunteers (and volunteer's parent(s)/guardian(s), if applicable) hereby acknowledge and understand that voluntary participation in the Learning Empowered activities involves the risk of injury and/or death. These risks and dangers may be caused by the negligence of the participant or the negligence of others. By participating in such activities, volunteers (and or volunteer's parent(s)/guardian(s), if applicable) expressly assume all the risk, consequences and liability related to these activities.

Volunteers (and volunteer's parent(s)/guardian(s) if applicable) hereby release, forever discharge and hold harmless Learning Empowered, Gulf Central District of the United Methodist Church, Florida Annual Conference of the United Methodist Church, its officers and directors, employees, agents and volunteers from all actions, causes of action, injuries, claims, negligence, costs or expenses, arising out of or related to any such activities.

Volunteer's Signature: _____ Date: _____

Parent or Guardian signature if volunteer is under 18 years of age:
_____ Date: _____