

NLCA After-School Care Program Volunteer Application

Thank you for your interest in being a volunteer at the NLCA After-School Care Program. To be considered, please complete this application and return it to the office or Mrs. Brandi Parks. Volunteer positions are generally available for youth fourteen to eighteen years of age. A minimum of two consecutive weeks is required, and a consistent schedule is desired! Volunteers will be assisting children varying in age from 4 through 12 years old. A completed application and reference check are required prior to selection and an interview will be scheduled. All volunteers will be given an orientation prior to starting their placement. No participant fee is required, but no remuneration is paid. Please call (304) 619-0850 if you have any questions.

Date: _____ Name: _____

Primary Phone Number: _____ Second Phone Number: _____

Address: _____

E-mail: _____

Beginning and Ending Dates of Availability: _____

Which Day (s) are you available to volunteer: M T W TH F

Our Program runs from 3:00 pm until 6:00 pm. Please, indicate below the times you are available if you cannot be here the entire time:

Please provide two signatures from NLCA Staff as your character reference.

Name: _____

Signature: _____

Number of years known: _____

Name: _____

Signature: _____

Number of years known: _____

Experience and Expectations

What do you hope to gain from volunteering at NLCA After-School Care Program?

What relevant experience do you have that would make you an asset to the NLCA After-School Care Program?

Describe a time when you have worked with younger children. How did you deal with conflicts when they came up.

Parent/Guardian Permission

I give my permission for _____ to be a youth volunteer for the After-School Care Program.

Current Grade: _____ Age: _____

Emergency Care Instructions

Child's Physician

Name: _____

Address: _____ Phone: _____

In the event my child becomes ill or injured, every effort will be made to contact me or an **emergency contact person listed below**. Emergency contacts must be reachable by phone during program hours. A minimum of two emergency contacts other than parents is required for application to be processed.

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

4. Name: _____ Phone: _____

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1. I authorize NLCA After-School Care Program to contact the character reference listed on this application.
 2. I give my consent for NLCA After-School Care Program to act on my behalf to obtain emergency care and treatment if deemed necessary for my child.
 3. I give permission for my child to appear in any media coverage approved by NLCA After-School Care Program.

Parent or Guardian Signature

Date