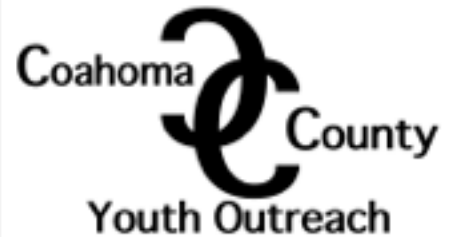


## VOLUNTEER APPLICATION PACKET



### Check list (please complete the following before returning)

1. Program Volunteer Application
  - ☐ Fill in all information and list interests.
  - ☐ Provide a copy of photo ID or driver's license
  - ☐ Read and sign on the back page (parent/guardian information is required if applicant is under 18).
2. Abuse Prevention Rules
  - ☐ Read and Sign

**Court-Ordered Service:** We accept a few applications for court-ordered community service if you have not been charged with or have any past crimes involving weapons, violence, molestation, domestic violence, threats to another person. Court-ordered volunteers cannot volunteer in any program with children.

**Application and Interview:** Prospective volunteers must complete the attached application packet. You will be contacted by telephone or email to schedule an initial interview. Please note: Our application process takes at least two weeks and incomplete applications will take longer to process.

**Interest Survey:** To help narrow down your interests or if you are not sure what you would like to do, please take a moment to complete the survey below.

Why are you interested in volunteering with Coahoma County Youth Outreach?

Is there a specific activity that you would like to volunteer in?

What Program areas are you interested in working in?

- |  |   |
|--|---|
| <input type="checkbox"/> Teen Leadership         | <input type="checkbox"/> Health and Fitness |
| <input type="checkbox"/> Child Care              | <input type="checkbox"/> Committees         |
| <input type="checkbox"/> Mentoring               | <input type="checkbox"/> Clerical           |
| <input type="checkbox"/> Education/Teaching      | <input type="checkbox"/> Concessions        |
| <input type="checkbox"/> Tutoring                |   |
| <input type="checkbox"/> Coaching or Officiating |   |
| <input type="checkbox"/> Guest Speaker/Presenter |   |
| Topic(s): _____                                  |   |
| Other: _____                                     |   |

Other interest areas:

- ☐ Arts
- ☐ Environment
- ☐ Education
- ☐ Community Concerns
- ☐ Global/International Issues
- ☐ Health and Wellness
- ☐ Other: \_\_\_\_\_

What age groups would you like to work with?

- ☐ Elementary and younger (Under 11)
- ☐ Middle School (11-14)
- ☐ High School (14-19)
- ☐ Young Adults (18-30)
- ☐ Adults
- ☐ Older Adults
- ☐ I prefer to work with staff only

Do you have specific skills you would like to share or improve on?

When are you available to volunteer (days/times)

Do you have any interests you would like to explore?

How often do you want to volunteer? (Ex: once a month/ twice a week/one time events?)

## Program Volunteer Application

### PERSONAL INFORMATION —Please Print Clearly

Legal First Name		MI	Legal Last Name	
Address		Apt	City State	Zip
Home Phone	Alternate Phone	Email		I prefer to be contacted by: <input type="checkbox"/> Phone <input type="checkbox"/> Email
Emergency Contact Name:		Relationship:		Phone Number:
(Please list someone OUTSIDE your home—in the event of an emergency, we would automatically contact your home first, then this backup contact.)				
I am a CCYO Member: <input type="checkbox"/> Yes <input type="checkbox"/> No			My birth date:(MM/DD/YYYY):_____	
I would like more information about becoming a CCYO member <input type="checkbox"/> Yes <input type="checkbox"/> No			Birth date required. For the safety of our participants, staff and volunteers, CCYO may choose to run a limited criminal history check	
Have you been arrested, charged, or convicted of a crime in the last 10 years? (Only arrests/charges/convictions which CCYO believes are related to the volunteer duties will be considered; Some convictions over 10 years old may also be considered when background checks are completed.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES TO ABOVE:				
Are the charges still pending?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have the charges been dismissed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did the charges result in conviction?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Please explain any "yes" answers, including crime(s), year(s), location(s) and circumstances; attach additional page(s) if necessary:				
STAFF NOTE: Information shared here must be reviewed by Executive or their delegate and authorized in "CCYO STAFF USE ONLY" section on reverse				

### Volunteer Engagement

Volunteer Position I am applying for: \_\_\_\_\_

How I heard about Y volunteering: ☐ Court System ☐ School ☐ Invited by CCYO ☐ Job/Internship Fair  
☐ Newspaper ☐ Opportunity Listing ☐ Word of mouth ☐ CCYO Website  
☐ Volunteer Match

### Required Community Service

Number of Hours needed: \_\_\_\_\_ Deadline to complete hours: \_\_\_\_\_

Is this a **school requirement/ for school credit**? If yes, name of school \_\_\_\_\_

Is this a court requirement? If Yes, offense: \_\_\_\_\_

Parole/Probation Officer or Court Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

STAFF NOTE: Information shared here must be reviewed by Executive or their delegate and authorized in "CCYO STAFF USE ONLY" section.

## CONDITIONS OF VOLUNTEER PARTICIPATION AND RELEASE FROM LIABILITY

Coahoma County Youth Outreach and Enrichment's mission is: As a volunteer, I will cooperate in the fulfillment of this mission.

**Background Certifications:** I certify that all of the information provided on this application is true and complete. I authorize CCYO to investigate and verify any and all of the information I have submitted. Because CCYO strives to provide a safe environment for children and youth, I understand that CCYO may order a criminal history check, and I authorize this investigation.

**Volunteer Terms:** I agree to abide by CCYO's policies, procedures and Code of Conduct. I understand CCYO does not provide any health benefits (i.e. medical, dental, workers compensation, etc.) or any accident insurance for me as a volunteer; I understand it is my responsibility to provide this coverage. I understand that CCYO does not provide volunteer compensation or fund volunteer services for membership or program fees.

**Property Loss:** I understand CCYO is not responsible for my personal property lost, damaged or stolen while participating in CCYO volunteer activities.

**Medical Treatment:** I give permission for CCYO representatives to provide or arrange for emergency care for me, and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that CCYO is not responsible for payment of such medical treatment.

**Photograph Permission:** I give permission for CCYO to use, without limitation or obligation, photographs, or other media that may include my image or voice to promote or interpret CCYO programs.

**Release from Liability:** I understand that accidents may occur during my volunteer activities. By signing below, I release CCYO, the Coahoma County Board of Supervisors, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether its the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer.

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_\_\_  
Date

## PARENT OR GUARDIAN — If Applicant is under 18

Legal First Name	MI	Legal Last Name	
Address(if different from youth applicant)	Apt	City State	Zip
Phone Number	Email		
Parent or Guardian Signature: _____ Date: _____			

## CCYO STAFF USE ONLY

<b>Volunteer Identification</b>	<input type="checkbox"/> Mississippi State ID or License <input type="checkbox"/> Other _____ Name on ID _____ Date of Birth on ID _____ Verified by _____
<b>Criminal Background Authorization</b>	I have reviewed any disclosed criminal information on this application and authorize this application to move forward in the screening process. (To be signed by Branch/Camp Executive or AO Department Head, or their delegate.) Name _____ Signature _____ Date _____
<b>Placement Information:</b> Location: _____ Program Dir./Supervisor: _____ Program Placement: _____ Start Date: _____	<b>Additional Paperwork/Training Checklist:</b> <input type="checkbox"/> Safety Orientation & Abuse Prevention Rules <input type="checkbox"/> Abuse Prevention to be completed by _____ (date)

