

PASSIONS Volunteer Application

Please return completed form to:

PASSIONS c/o Sara Wright, 2130 Park Ave Apt 13, Madison, San Jose, CA 95126

Last Name	First Name	M.I.	Date
Address (Number and Street)			
City/State/Zip		E-Mail Address	
Home Phone	Work Phone		Cell Phone
Occupation (if retired, provide former occupation)		Employer	
If Student, Institution		Year and Area of Study	

I am available: ___entire school year ___fall semester ___spring semester ___summer

I am available to start after this date: _____ I would like to volunteer about ___ hours per week.

I am available to volunteer at the following days/times: Day(s) Time(s)

Available transportation: ___walk/bike ___bus ___car

Accessibility needs: _____

VOLUNTEER PREFERENCES

I prefer working with students in the following grade level(s): (check all that apply)
 Preschool Kindergarten-3rd 4th-5th 6th-8th 9th-12th

I am comfortable using the following language(s): _____

I am comfortable working in the following skill area(s): (check all that apply)

I prefer these location(s): (options will depend on school needs)
___No preference ___North ___East ___South ___West

My experiences working with children/youth include: _____

Preferred schools? _____

Other preferences: _____

PERSONAL REFERENCES - OPTIONAL

Please provide the following for two people (local if possible) who have known you for at least two years and will be able to provide a character reference. You may include your employer. Please do not list relatives.

Last Name	First Name	Relationship
Present Address (Name/Street)		Day Phone
City	State	Zip
		Night Phone

Last Name	First Name	Relationship
Present Address (Name/Street)		Day Phone
City	State	Zip
		Night Phone

Additional Information: Please list any additional skills, experiences, etc. you feel may be helpful in finding a position for you: _____

How did you learn about this opportunity? _____

Why do you want to work with PASSIONS?

EMERGENCY CONTACT

Name Phone Number Relationship

CONFIDENTIALITY STATEMENTS

Consent to Share Confidential Information: I understand that the volunteer screening process includes both criminal background checks and reference checks. I give permission to have the results of these checks shared with placement sites considering my involvement as a volunteer.

Confidentiality Agreement: I understand that in providing my services as a volunteer with PASSIONS, I will respect the confidential nature of the knowledge I will gain concerning the academic performance, behavior and personal information of the children with whom I work. If a child tells me something or I notice something that may indicate his/her safety is at risk or he/she is in emotional distress, I will report that information to my supervising teacher or a support staff member (social worker, psychologist, nurse).

Signature

Date

**PASSIONS
VOLUNTEER DISCLOSURE STATEMENT**

IMPORTANT INFORMATION – PLEASE READ CAREFULLY

After reading this form, if you are unsure of how to complete it, or if you would like any information clarified, please ask for assistance in Human Resources before filling it out.

The responsibility the PASSIONS and relevant educational institutions has to its school children and community necessitates the following information from all volunteers regarding arrest and conviction records. A record of arrest or conviction does not automatically prohibit volunteering. In accordance with state law and local ordinance, convictions or pending charges will not be used or considered in making decisions whether to allow a person to volunteer unless the circumstances of the charge or conviction are substantially related to circumstances of the particular volunteer assignment. **However, failure to complete this form accurately and completely will disqualify a volunteer from consideration for volunteering or will be cause for removal from volunteer assignments.**

“Arrest record” includes, but is not limited to, information indicating that an individual has been questioned, apprehended, taken into custody or detention, held for investigation, arrested, charged with, indicted or tried for a felony, misdemeanor ordinance violation, or other offense, pursuant to any law enforcement or military authority.

“Conviction record” includes, but is not limited to, information indicating that an individual has been convicted of any felony, misdemeanor, ordinance violation, or other offense, has been less than honorably discharged, or has been placed on probation, fined, imprisoned or paroled pursuant to any law enforcement or military authority regardless of whether an appeal is pending or could be taken.

Often a plea of “No Contest” results in a conviction and finding of guilt. Keep in mind that participation in a deferred prosecution program (such as First Offenders) does not necessarily mean your record is clear. As stated above, failure to complete this form accurately and completely will mean disqualification from consideration for volunteering or constitute cause for removal from volunteer assignments.

To ensure prompt processing, please complete and return this form to the person who provided it to you **within three work days** so that it may be forwarded to the Department of Human Resources.

AUTHORIZATION

I authorize the investigation of all statements contained herein and understand that any document relevant to this information may be reviewed by the agents of PASSIONS and any relevant educational institutions. I understand that I may not begin volunteering until the background investigation has been completed.

I certify that the answers given by me in this disclosure statement are complete, true, and correct without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or omission from or on this disclosure form, or any other document, will be used to deny me volunteer work, or if currently volunteering, used to terminate my volunteering for PASSIONS.

I understand that the District shall not be held liable in any respect if my volunteering is terminated because of false or incomplete statements, answers, or omissions made by me on the disclosure form or any other document. In consideration of the school district’s review of the document, I hereby release the District, its Board, and its agents, as well as all providers of information from any liability and for any damage that may result from the furnishing and receiving of information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Signature

Date

