**

P.O. Box 1897

Thomasville, Georgia 31799-1897

Phone: (229) 226-5846 Fax: (229) 226-4595

Email: [tina.williams-clayton@tcrc.community](mailto:tina.williams-clayton@tcrc.community)

**VOLUNTEER APPLICATION**

***\*\*\*****Your application* ***will not be considered*** *if all fields are not completed or any information is inaccurate****\*\*\****

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position Applied For: | |  | | | Date: |  | | |
| Name: |  | |  |  | | |  |  |
|  | Last | |  | First | | |  | Middle |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Present Address: | |  | | | | | | | How long have | |  | |
|  | | Street | | | | | | | you lived there? | |  | |
|  | | | | | | | | |  | |  | |
| City, State Zip | | | | | | | | |  | |  | |
| Previous Address: | |  | | | | | | | How long have | |  | |
|  | | Street | | | | | | | you lived there? | |  | |
|  | | | | | | | | |  | |  | |
| City, State Zip | | | | | | | | |  | |  | |
|  | | | | | |  |  | | | | | |
| Telephone # | | | | | |  | Email Address | | | | | |
| Are you 18 years of age or older? | | | | | | | | | | Yes | No |
| Have you ever worked or volunteered for this company before? | | | | | | | | | | Yes | No |
| If yes, please give dates and positions: | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | |
| Do you have any **FRIENDS** working here? | | | | | | | | | | Yes | No |
| If yes, Name/Position: | | | |  | | | | | | | | | |
| Do you have any **RELATIVES** working here? | | | | | | | | | | Yes | No |
| If yes, Name/Relationship | | | | |  | | | | | | | | |
| How did you hear about our volunteer opportunities? | | | | | | | |  | | | | | |
| Have you ever pled guilty or “no contest” to a crime, been convicted of a crime, had adjudication withheld, prosecution deferred or do you have any criminal charges pending? | | | | | | | | | | | | | |
| Yes | No | | If yes, please give dates and details of each: | | | | | | | | | | |
|  | | | | | | | | | | | | | |
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|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  |  |  | | |  |  |
|  | Last |  | First | | |  | Middle |
|  | | | |  |  | | |
| Telephone # | | | |  | Email Address | | |

1. What site would you be interested in volunteering at?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Scott Elementary |  | Harper Elementary | | |  | Garrison Pilcher Elementary |
|  | Cross Creek Elementary |  | Pelham Elementary | | |  | Eastside Elementary (Cairo) |
|  | Thomas County Middle |  | Northside Elementary (Cairo) | | | | |
|  | Hand-N-Hand Primary School | | |  | Thomasville Community Resource Center | | |

2. What age group do you prefer working with?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 5 – 7 years |  | 8 – 11 years |  | 12 – 14 years |

3. What areas/activities are you interested in helping with? **Check all that apply.**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Reading Tutoring | |  | Math Tutoring | | | | |  | Homework Assistance |
|  | Arts & Crafts | |  | Recreation | | | | |  | Field Trip Chaperone |
|  | Other: |  | | |  |  | Other: |  | | |

4. How often would you like to volunteer?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Daily |  | Weekly |  | Monthly |  | Periodically |

5. What days of the week are you available to volunteer? **Check all that apply.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday |  | Tuesday |  | Wednesday |  | Thursday |  | Friday |

6. When are you available for the Initial Orientation and Training (about 2 hours)?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Morning |  | Evening |  | Saturday |

7. What (if any) previous experience do you have with tutoring, mentoring, or working with children?

|  |
| --- |
|  |
|  |
|  |
|  |

8. What about our program interests you?

|  |
| --- |
|  |
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|  |
|  |

**

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**VOLUNTEER**

**AGREEMENT AND RELEASE FORM**

|  |  |  |
| --- | --- | --- |
| The Thomasville Community Resource Center and | |  |
| agree that, in exchange for the opportunity to |  | |

s/he agree to the following terms:

1. Volunteer agrees that s/he is volunteering solely for personal, civil, charitable or humanitarian purposes without promise or expectation of compensation, benefits or future employment from TCRC beyond any specified reimbursement agreements. Volunteer understands that his/her relationship with TCRC carries with it no promise of continuation and can be terminated at any time by either party without notice.

2. Volunteer will begin his/her volunteer assignment once the background check is completed,

|  |  |
| --- | --- |
| and is anticipated to complete that assignment on |  |

Volunteer schedule will be discussed at orientation.

3. Volunteer will perform services under the direction and control of the following TCRC staff:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name |  | Position |

4. Volunteer will perform the following duties: **REFER TO JOB DESCRIPTION.**

5. Volunteer agrees to follow the directions of staff and to abide by TCRC’s policies and procedures while carrying out these volunteer services. Volunteer understands that s/he may be subject to criminal background checks or other prescreening checks, if applicable. Volunteer acknowledges that s/he has received TCRC’s policies regarding equal opportunity and non-discrimination when signing this Agreement.

6. Volunteer acknowledges that s/he is not an employee at TCRC, and is not entitled to receive salary, benefits or other compensation. Volunteer understands that s/he does not qualify for worker’s compensation benefits, and is expected to carry personal medical insurance to cover medical expenses for any injury s/he may incur while performing services voluntarily for the Center.

7. If Volunteer is not a citizen or permanent resident of the United States, Volunteer certifies that s/he has appropriate visa status that authorizes Volunteer to be present in the United States and allows Volunteer to participate in this volunteer experience.

8. The parties agree that this is the entire Agreement between them and no Agreement, either oral or written, exists outside this Agreement regarding the volunteer services described in this Agreement.

Volunteer Agreement/Release Form

**

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**VOLUNTEER RELEASE**

Volunteer releases the Thomasville Community Resource Center, its officers, employees, agents, representative and assigns, from any responsibility or liability for personal injury, including death, and the damage to or loss of property, that Volunteer may incur due to the negligence of TCRC. Volunteer releases TCRC, its officers, employees, agents, representatives an assigns or others due to accidental occurrences while visiting TCRC or otherwise engaging in activities contemplated by this Agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| The parties execute this Agreement and Release this: | | | |
|  | day of |  | | , 20 |  |

**Thomasville Community Resource Center Volunteer Representative:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Title: |  | | |
| Signature: |  | Date: |  |

**Volunteer:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Site/Program: |  | | |
| Signature: |  | Date: |  |

One signed copy of this agreement should be retained by the volunteer and one copy is to be maintained in the Volunteer Coordinator’s files for the duration of the volunteer assignment.

Questions about the use of this Agreement should be directed to TCRC’s Human Resources Department.

Volunteer Agreement/Release Form

I **HEREBY CERTIFY** that all of the above information that I have provided in this application is true and accurate. *Your application* ***will not be considered*** *if all fields are not completed or any information is inaccurate.*

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Applicant |  | Date |

***This company is an Equal Opportunity Employer and does not discriminate because of race, color, religion, sex, age, citizenship, marital status, disability, or national origin*.**

|  |
| --- |
| **EQUAL OPPORTUNITY EMPLOYER**  **APPLICANT’S STATEMENT**  I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at will at any time with or without notice or reason, and the Company has the same right. No one other than the Executive Director or Board of Directors has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.  I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I release my previous employers from any liability as a result of their disclosure of information about me to the Company. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.  I further understand that if employed I will be on a 90-day introductory period, and that termination for unsatisfactory performance during that period will not result in any Company responsibility for unemployment benefits. I further understand that completion of the introductory period does not confer any expectation of continued employment, and that if employed; my employment will be for no definite period and “at will.”  By signing this application, I certify that all of the information that I provide on this application and in any interview will be true, complete, and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I will be dismissed.  I certify that I have received a written notification that the Company may obtain a consumer report or reports on me. I authorize this Company to obtain such a report or reports for use in connection with my application for employment and for other employment-related reasons. If hired, this authorization shall remain on file and serve as ongoing authorization for procurement of employment-related consumer reports at any time during my employment. I understand that the term “consumer report” includes, but is not limited to, credit checks, criminal background checks, social networking sites, Department of Motor Vehicle reports, and investigative consumer reports. I further understand that the term “investigative consumer report” means a report in which information on my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with my neighbors, friends, or associates, or with others whom I am acquainted or who may have knowledge concerning any such items of information. |

*This application will be considered active for a maximum of thirty (30 days). If you wish to be considered for employment after that date, you must reapply.*

**Personnel Use Only:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Volunteer: | Yes | No |  | Date of Hire: | | |  |
| Program/Site: |  | | | | | | |
|  |  | | | |  |  |  |
| Completed by: |  | | | |  | Date: |  |
|  |  | | | |  |  |  |
| Director Signature: |  | | | |  | Date: |  |
|  |  | | | |  |  |  |



**CHILD CARE PERSONNEL**

**SUPPLEMENTAL APPLICATION**

In addition to the Primary Center Employment Application, the information below is required by the State of Georgia, Department of Human resources (DHR), for personnel who will be working in our licensed child care program. In order to be considered for employment, all information must be provided.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  |  |  |  |  |
|  | Last |  | First |  | Middle |

Have you even been shown by credible evidence, e.g. a court or jury, a department of investigation or other reliable evidence to have abused, neglected, or deprived a child or adult or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct?

|  |  |  |
| --- | --- | --- |
| Yes | No | |
| If yes, please explain circumstances: | | |
|  | | | | |
|  | | | | |
|  | | | | |

Have you received CPR training by a certified instructor in the past two years?

|  |  |
| --- | --- |
| Yes | No |

If yes, can you provide written documentation of this training?

|  |  |
| --- | --- |
| Yes | No |

If no, are you willing to participate in this mandatory training?

|  |  |
| --- | --- |
| Yes | No |

Have you received First Aid training by a certified instructor in the past three years?

|  |  |
| --- | --- |
| Yes | No |

If yes, can you provide written documentation of this training?

|  |  |
| --- | --- |
| Yes | No |

If no, are you willing to participate in this mandatory training?

|  |  |
| --- | --- |
| Yes | No |

It is required by DHS that child care personnel not be suffering from any physical handicap or mental health disorder, which would interfere with your ability to perform adequately the job duties of providing for the care and supervision of the children enrolled in the Center. Based upon this requirement, are you able to provide care and supervision of children enrolled at the Center?

|  |  |  |
| --- | --- | --- |
| Yes | No | |
| If no, please explain circumstances: | | |
|  | | | | |
|  | | | | |
|  | | | | |

Everyone working with children in the agency is required to undergo a comprehensive criminal records background check. Are you willing to submit to this check?

|  |  |
| --- | --- |
| Yes | No |

Give detailed information about your experience working with children. Include ages of children, your duties and hours worked each day, the length of time you worked in each position and reasons for leaving.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

Have you attended/completed any child care training classes? (Also, a copy of your certificate of completion is required for each class)

|  |  |
| --- | --- |
| Yes | No |

|  |
| --- |
| If yes, list and explain: |
|  | |
|  | |
|  | |

***All information on this form is true and correct. I have not made any material false statements concerning qualifications or requirements for this position.***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Volunteer |  | Date |
|  |  |  |
| Volunteer Coordinator |  | Date |
|  |  |  |
| Executive Director or  Human Resource Manager |  | Date |