

Date: _____

CONTACT INFORMATION

Last Name		First Name			MI		
Volunteer Opportunities (please check all items that interest you)							
Office: <input type="checkbox"/> Bulk mailings <input type="checkbox"/> Computer Lab Assistant <input type="checkbox"/> Delivery person <input type="checkbox"/> Library Assistant <input type="checkbox"/> Office Clerk Offsite: <input type="checkbox"/> Adult Learners' Workshop Aide <input type="checkbox"/> ESL Class Aide <input type="checkbox"/> Partners in Conversation		At Special Events: <input type="checkbox"/> Basket Bingo <input type="checkbox"/> Book Giveaways <input type="checkbox"/> Buck A Book office help <input type="checkbox"/> Buck A Book delivery <input type="checkbox"/> Buck A Book pick-up <input type="checkbox"/> Bulk Mailings <input type="checkbox"/> Storyteller <input type="checkbox"/> Student & Volunteer Picnic Tutor Attend _____ Session		Monthly Committees: <input type="checkbox"/> Administrative Ad-Hoc Committees: <input type="checkbox"/> Special Events (Basket Bingo, Recognition Picnic, Gala) <input type="checkbox"/> Board Governance <input type="checkbox"/> Fund Development (Hanover Outreach, BAB, Empowerment) <input type="checkbox"/> Marketing <input type="checkbox"/> Personnel			
Title (please circle one):		Mr.	Mrs.	Ms.	Miss	Dr.	Rev.
Street Address							
City			State		Zip		
Home Phone				Cell Phone			
Email			DOB		SSN: (Optional)		
Work/Company Name				Position/Title		FT/PT	
Company Street Address							
City			State		Zip		
Work Phone				Work Fax			
May we contact you at work? Y N		Work Email					
Emergency Contact Name/Relationship							
Emergency Phone (day & evening numbers)							

DEMOGRAPHIC INFORMATION

Gender M F			Birth Date			
Applicant (head of household):	Married <input type="checkbox"/>	Unmarried <input type="checkbox"/>	Separated <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/>	Disabled <input type="checkbox"/>
Race:	White <input type="checkbox"/>	Black/African American <input type="checkbox"/>	Hispanic/Latino <input type="checkbox"/>	Native American <input type="checkbox"/>		
	Middle Eastern <input type="checkbox"/>	South American <input type="checkbox"/>	Asian <input type="checkbox"/>	Pacific Islander <input type="checkbox"/>		
Type of transportation	Car <input type="checkbox"/>	Bus <input type="checkbox"/>	Taxi <input type="checkbox"/>	Other <input type="checkbox"/>		
HOW DID YOU HEAR ABOUT YCLC ?	<input type="checkbox"/> Case Worker <input type="checkbox"/> Phone Book <input type="checkbox"/> Clergy/Church <input type="checkbox"/> Rehab Counselor <input type="checkbox"/> Court/Parole Officer <input type="checkbox"/> School Counselor <input type="checkbox"/> Employer <input type="checkbox"/> Sign/Billboard/Poster <input type="checkbox"/> Friend/Relative <input type="checkbox"/> Special Event <input type="checkbox"/> Handouts/Mail <input type="checkbox"/> Student/Tutor <input type="checkbox"/> Human Service Agency <input type="checkbox"/> TV/Radio <input type="checkbox"/> Library <input type="checkbox"/> Union <input type="checkbox"/> Military Recruiter <input type="checkbox"/> Website <input type="checkbox"/> Newspaper <input type="checkbox"/> Other:			Name and Address:		
	Highest Educational Level You Have Completed	<input type="checkbox"/> Associates <input type="checkbox"/> Master's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Ph.D. <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> GED <input type="checkbox"/> Vocational School <input type="checkbox"/> J.D. <input type="checkbox"/> Other				
Teacher's Certificates	<input type="checkbox"/> None <input type="checkbox"/> Special Education <input type="checkbox"/> Elementary <input type="checkbox"/> Administration <input type="checkbox"/> Secondary					
Have you taken any credit courses relating to teaching adults?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please explain)					

Please list work experience, interests, and/or hobbies: _____

Do you have any situation or issue in your life that might impact your ability to volunteer and/or provide weekly tutoring?

Do you speak/understand any language(s) other than English? No Yes (what languages?)

Have you ever been convicted of a felony?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please explain)				
Have you ever been convicted of a crime of violence?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please explain)				
Do you need any special accommodations?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (please explain)				
What days/hours are you available to tutor/volunteer?						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Do you have reliable transportation?			<input type="checkbox"/> No	<input type="checkbox"/> Yes		
How far are you willing to travel to a meeting site?						
0-10 miles		10-25 miles		25+ miles		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		
Do you have a preference for a student?			<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> No Preference	
Do you have a suggestion for a meeting site?		<input type="checkbox"/> No <input type="checkbox"/> Yes (please note)				
Do you have a specific type of student in mind?		<input type="checkbox"/> No <input type="checkbox"/> Yes (please explain)				
Are you willing to meet with a handicapped student?		<input type="checkbox"/> No <input type="checkbox"/> Yes				

PERSONAL REFERENCES

These references will be checked. Please list two persons other than family members who know of your qualifications and background.

_____	_____	_____
Last Name	First Name	Occupation
_____	_____	_____
Street Address		Relationship
_____	_____	_____
City, State, Zip		Telephone
_____	_____	_____
Last Name	First Name	Occupation
_____	_____	_____
Street Address		Relationship
_____	_____	_____
City, State, Zip		Telephone

I have given the above information voluntarily. I attest that all information I supplied is true and accurate. I understand and agree that the York County Literacy Council may use this information for any necessary purposes and may disclose it to any party with legal and proper interest. I understand and agree that the York County Literacy Council may conduct a background check in order to disclose and document any activity that may disallow me from volunteering. I release the York County Literacy Council from any liability whatsoever for sharing, supplying, or disseminating this information. I understand and agree that I will not receive any monetary compensation from either the York County Literacy Council or any of its associates (students, staff, board members, etc.). I agree to abide by all the terms set forth in the Volunteer Handbook. I understand and agree that any activity on my part that is contrary to those terms will result in immediate termination of my affiliation with the York County Literacy Council.

_____	_____
Volunteer Signature	Date

**York County Literacy Council (YCLC)
Volunteer Code of Conduct**

It is the responsibility of the YCLC Personnel Committee to review YCLC's Volunteer Code of Conduct once every calendar year and recommend changes, as necessary, to the YCLC Board of Directors. Based on a review of the Volunteer Code of Conduct, the YCLC Personnel Committee has recommended that the Volunteer Code of Conduct be amended. The amended Volunteer Code of Conduct, as outlined below, has been approved by the Board of Directors and shall be effective September 16, 2008. The Initial Effective Date of this policy is unknown.

Application: This Volunteer Code of Conduct shall be implemented by the joint efforts of the YCLC Board of Directors and YCLC staff and shall apply to and govern all volunteers of YCLC. All volunteers, staff and board members of YCLC shall be notified of this amended Volunteer Code of Conduct and any subsequent amendments.

Rationale: The Board of Directors of the York County Literacy Council (YCLC) recognizes that volunteers represent YCLC in the community. As such, YCLC expects that volunteers' conduct will not, in any way, reflect in a derogatory way upon the Council. To that end, the following code has been adopted.

Policy: YCLC volunteers:

1. will not act in a manner that is contrary to the best interests of YCLC
2. will not disclose any information that is learned as a result of affiliation with YCLC to any person not authorized to receive such information, particularly if it is of sensitive or confidential nature.
3. will not accept any payment, either monetary or in-kind, for work performed. Any reimbursement or compensation that is rightly due to a volunteer shall come directly from YCLC, not from a student and shall be administered through the proper accounting channels.
4. will not use YCLC logo, name, mission statement or tag line for advantage, profit or benefit of any individual.
5. will not use YCLC logo, name, mission statement or tag line to promote any political or religious agenda/matter.
6. will conduct themselves appropriately following all YCLC agency rules as stated in the Volunteer Handbook, agreed to by signature on this volunteer agreement.
7. YCLC will not tolerate any threatening or harassing actions or language in accordance with Threats or Harm to Self or Others Policy.

Procedures:

1. Offending behaviors will be documented and reported immediately to Executive Director and Board Chair.
2. Breach of the **Volunteer Code of Conduct** may result in immediate dismissal and possible legal action.
3. YCLC will comply with all applicable laws.

Waiver authority: The Board of Directors has the sole discretion to waive this policy or any part herein as it applies to a particular individual or circumstance.

Volunteer Signature _____ Date _____

YCLC Staff _____ Date _____

Initial Effective Date: Unknown
Revised Effective Date: September 16, 2008

See YCLC Policies binder for more information.