



Volunteer Application and Agreement Form

Last Name: _____ First Name: _____ Date: _____

*Name of Parent or

Guardian if under 18 years: _____

*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: _____ Tele: _____ (H); _____ (O)

_____ Cell: _____ Fax: _____

_____ EMAIL: _____

Company or Volunteer Group Name: _____

Date of Birth: _____ Driver's License No. _____

Emergency

Contact: _____
(Name) (Tele.No.; Indicate Home, Work or Cell) (Relationship)

Do you have any friends/family members who are employed or volunteer here? ____ Yes ____ No

When are you available to volunteer (specify hours of availability)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____ Holidays only _____

Types of volunteer work you think you'd be most comfortable with:

____ Helping with a group activity ____ Helping with toddlers

____ Working one on one ____ Helping with infants

____ Other (please specify): _____

List Your Past Volunteer Experiences (you may attach addition pages if needed):

Organization: _____ Duties: _____ Mo/Yr. to Mo/Yr. _____

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Have you ever been adjudged civilly or criminally liable for abuse of a child or an individual with disabilities?

No ____ Yes ____

Will anything appear on your background check that could negatively impact your volunteer status at ESTO?

No ____ Yes ____ If yes, please describe:

Have you been convicted of a crime? No ____ Yes ____ If yes, please describe:

BACKGROUND CHECK: ESTO requires volunteers working with children to submit to a background check. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working.

____ I agree to have a background check and understand that a successful background check is a condition of my employment.

REFERENCES: List two people, not related to you who have knowledge of your qualifications.

Name: _____ Mailing Address: _____

Tele. No.: _____

Name: _____ Mailing Address: _____

Tele. No.: _____

____ I need the following accommodation(s) to work as a volunteer: _____

As a volunteer for the Eastern Shawnee Children's Learning Center I agree to abide by all applicable rules and regulations of ESTO. I understand that as a volunteer I will not receive financial compensation, monetary rewards, nor am I eligible for benefits (health/life/vision/dental/401K, etc.) in return for my volunteer service and that ESTO may terminate this agreement at any time without prior notice for any reason. I hereby authorize ESTO to check my references, and I understand that a criminal background check is required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the Learning Center Coordinator and on site orientation to perform my volunteer role.

I hereby Release and Waive liability against the Eastern Shawnee Tribe of Oklahoma (ESTO), its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for ESTO. Further, I agree that ESTO. is not liable for any damage to my property or any possessions resulting from volunteer work for ESTO. I agree that this release is as broad and inclusive as permitted by the established by the Eastern Shawnee Tribe of Oklahoma and its entities.

Volunteer Signature: _____ Date: _____

Learning Center Coordinator Signature: _____ Date: _____