

VOLUNTEER APPLICATION

Full Legal Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Circle one: Male Female

(Month/Day/Year)

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: Most volunteer communication will occur via email*

Notify in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Phone)

Personal References:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Email) (Relationship)

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name) (Email) (Relationship)

Are you CPR and First Aid Certified? \_\_\_\_\_\_\_\_\_ If yes, expiration date \_\_\_\_\_\_\_\_\_\_\_\_

Do you have any health concerns or allergies?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there anything that you’d like us to know about you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Model Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby grant Children of the Valley the right to take and create photographs whether now known or hereafter created. Children of the Valley has the right to post the photos on any social media outlet and use my name.

**VOLUNTEER QUESTIONNAIRE**

Please answer the following questions as best you can. This will

Help us as we develop our volunteer schedule. Thank you!

Days of the week best for me:

Monday  Tuesday  Wednesday Thursday Friday 

Time of day available: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Times per month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mark the area(s) you would like to volunteer with:

⬜ Snack Prep 2:30pm-5:00pm ⬜ Reading/Homework 5:00pm-6:00pm

⬜ Snack Shopper Mondays ⬜ Drop Off Van Driver 6:00pm-6:45pm

⬜ Office Help When Needed ⬜ Field Trip Van Driver When Needed

⬜ Scouts Fridays 4:30-5:30pm

Do you have a preferred grade level? (We’ll do our best to put you there)

1st  2nd and 3rd  4th and 5th 

Skills or hobbies you can teach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COV Daily Schedule**

**Mondays-Thursdays**

2:30-3:30 Snack Preparation

3:15-4:30 Children arrive/Snack/Games

4:30-4:50 Circle Time/Walk back to classrooms

5:00-6:00 Reading/homework/Classroom activities

**Fridays 1:15-6:00pm**

*Date of previous background check at Children of the Valley or Bethany Covenant Church: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**The safety of the young people we serve is of primary concern. All volunteers over the age of 18 will be subject to a criminal background check.**

*The information supplied above is correct and accurate to the best of my knowledge. I give permission to contact references and complete a criminal background check.*

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cleared:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Check**

*Every person involved or desiring to be involved in working with children at Children of the Valley After school Program must complete an application which includes some key background and experience questions, as well as requests permission to obtain a national criminal record check for that individual. Individuals who refuse to complete the background check requirements or do not receive a cleared background check will not be permitted to work with children at COV. After the initial criminal history background check (both state and national level background checks), criminal history background checks will be conducted every two years through the Washington State Patrol.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

LAST NAME FIRST NAME MIDDLE NAME FORMER LAST NAME

CURRENT STREET ADDRESS CITY STATE ZIP

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE EMAIL ADDRESS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH SOCIAL SECURITY NUMBER DRIVERS LICENSE NUMBER

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? If so, please explain.

Has it ever been alleged that you have physically or sexually abused a child under the age of 18?

Have you worked or volunteered with children/youth at a previous church/organization? \_\_\_\_\_\_\_

Please list those churches or organizations.

CHURCH OR ORGANIZATION CONTACT PERSON PHONE NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the above information is true. I understand that any misstatement or material omission from this application may result in my disqualification from consideration for a volunteer or paid position with Children of the Valley.

I authorize Children of the Valley and its representatives to perform any necessary background checks in connection with this application including a National Criminal Background Check, a Washington State Patrol check, and contact with prior churches/organizations where I have served.

I also give permission to Children of the Valley to run a background check through the Washington State Patrol on a two-year basis as long as I am volunteering or employed at COV.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please return application materials to 1318 S. 18th Street, Mount Vernon.***

*Office Use Only*

Date Received: Entered in database: Background Check: Orientation Completed: Volunteer Assigned:

Notes:

***Or scan and email to*** [***volunteercoordinator@covmv.org***](mailto:volunteercoordinator@covmv.org)