

All potential volunteers are required to complete an application, agree to release information leading to a criminal history and reference check, attend an interview and will receive notification within a week of their acceptance into the Girls Inc. volunteer program. Each accepted volunteer will be provided with a training session, program description and all resources needed prior to beginning their assignment. Girls Incorporated reserves the right to decline a volunteer applicant for any reason at any time.

## PERSONAL INFORMATION

Last Name:	First Name:	Middle Initial
Maiden Name (if applicable)	Birthdate ____ / ____ / ____	Ethnicity:
Full Address:	City, State	Zip Code:
Home Phone ( )	Work Phone ( )	Cell Phone ( )
Email address:		
Current place of work: _____		
Current job position:		
Type of volunteer: <input type="checkbox"/> Long term (1 year or more) <input type="checkbox"/> Short term _____ (specify)		
<input type="checkbox"/> Class requirement _____ <input type="checkbox"/> Special event _____ <input type="checkbox"/> Other _____		
<b>How did you learn about Girls Inc.?</b>		
<input type="checkbox"/> Volunteer Fair <input type="checkbox"/> Current Volunteer <input type="checkbox"/> Volunteer recruitment website		
<input type="checkbox"/> Friend _____ <input type="checkbox"/> School <input type="checkbox"/> Other _____		

## EDUCATION AND TRAINING

Please include information from high school, college, and/or other educational training.

High School	Address	Year of Graduation/ GED
Institution Name	Area/Major	Years Attended /Graduation Date

## PREVIOUS VOLUNTEER EXPERIENCE

Please include information from your most current volunteer experiences

Institution Name	Position Held	Dates

## TIME COMMITMENT/AVAILABILITY

Fixed Schedule  Need Flexible Schedule (please include times)

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Continued on next Page

## REFERENCES

(List two persons unrelated to you who can speak about your volunteer or work experience)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (    ) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone (    ) \_\_\_\_\_

## VOLUNTEER INTERESTS

What volunteer opportunities interest you at Girls Incorporated?

What other skills do you have that could benefit Girls Incorporated during your volunteer experience?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Microsoft Access           | <input type="checkbox"/> Special Event Planning         | <input type="checkbox"/> Curriculum Development |
| <input type="checkbox"/> Microsoft Excel            | <input type="checkbox"/> Grant Writing/Fundraising      | <b><i>Specifically in the areas of:</i></b>     |
| <input type="checkbox"/> Microsoft Word             | <input type="checkbox"/> Social Work/Counseling         | <input type="checkbox"/> Science                |
| <input type="checkbox"/> Database management        | <input type="checkbox"/> Leading activities with groups | <input type="checkbox"/> Mathematics            |
| <input type="checkbox"/> Data Tracking/Evaluation   | <input type="checkbox"/> Spanish Speaker                | <input type="checkbox"/> Culture/Arts           |
| <input type="checkbox"/> Graphic Design             | <input type="checkbox"/> Technical Support              | <input type="checkbox"/> Technology             |
| <input type="checkbox"/> Marketing/Public Relations |   |   |
| <input type="checkbox"/> Other: (Please explain)    |   |   |

Please list hobbies, interests, club affiliations, previous volunteer or work experience that would contribute to your experience at Girls Inc.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Permission to complete background check:

I give permission for Girls Incorporated of the Greater Peninsula to perform a check of my background, including: criminal record, past employment and volunteer history, educational and professional status and personal references. I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from acceptance into the Girls Inc. volunteer program. I understand that information collected during this background check will be limited to that which is appropriate to determining my suitability for particular types of volunteer projects and that all such information collected during the check will be kept confidential. I understand that Girls Incorporated of the Greater Peninsula provides equal volunteer opportunities to all qualified applicants without regard to race, religion, color, sex, gender, age, disability, marital status, sexual orientation, socioeconomic status, veteran status or national origin. I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer project and such other information as they deem appropriate

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Girls Inc** *Volunteer Guidelines Agreement*

**Here are some helpful do's and not okay's that that all staff and volunteers must follow while working with youth:**

### **Positive Do's:**

- Sign-in the Volunteer Log
- Listen and make eye contact
- Be on time and consistent (Remember: The youth are counting on you!)
- Be patient, progress comes slowly
- Be positive and point out the youth's strengths
- Be an active role model
- Teach problem-solving skills
- Talk to the Volunteer Coordinator if you have any worries or concerns
- Enjoy yourself and have a great time!

### **The "Not Okay" List**

- Relationships with the youth stay at the site – no relationships outside of Girls Inc.
- Please do not exchange phone numbers or addresses
- Please do not arrange outside meetings
- Never take a youth to your home
- Medication should never be given to the youth
- The youth cannot be transported in personal vehicles
- Physical contact with the youth should be limited
- Side hugs are okay if the youth is comfortable with it (Always ask)
- No frontal hugs
- Youth should never sit on your lap
- Please limit the amount of personal information that you release to the youth
- No physical discipline
- Never be alone in a room or area with a youth
- Please, no smoking on Girls Inc. property (Remember: you are a role model)

These guidelines help the youth and volunteer to be safe.  
We appreciate your compliance.

**Violation can result in removal from volunteer placement.**

**Volunteer Name (print)** \_\_\_\_\_

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**