



PORTER-LEATH

Better Children. Better Families.

Email completed application to ameekins@porterleath.org or fax to (901) 577-4074

**Dear Volunteer Applicant:** On behalf of Porter-Leath, we would like to thank you for your interest in volunteer services. Your application will be considered for positions at all programs unless you indicate otherwise. Please fill in all blanks in the form. If a question is not applicable, please enter "N/A".

<i>NAME - First, Middle, Last</i>	<i>Today's date</i>
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<i>Date of Birth</i>	<i>Telephone Number</i>	<i>Cell phone Number</i>
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<i>ADDRESS - Street, City, State, Zip</i>	<i>Email</i>
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**Which program are you applying to?** (Check all that apply)

<input type="checkbox"/> American Way EHS/HS	<input type="checkbox"/> Frayser EHS/HS
<input type="checkbox"/> Cottonwood Head Start	<input type="checkbox"/> Hanley Head Start
<input type="checkbox"/> Covington Pike Head Start	<input type="checkbox"/> PL Preschool @ KIPP
<input type="checkbox"/> Delano Head Start	<input type="checkbox"/> St. Williams Head Start
<input type="checkbox"/> Douglass Head Start	<input type="checkbox"/> Renaissance EHS
<input type="checkbox"/> Early Head Start (Manassas)	

**How did you hear about us?** \_\_\_\_\_

**What special skills, qualifications or interests do you possess?**

**Have you ever done volunteer work before? If so, what type, when and where?**

*If you are a student, please complete the following*

College/University \_\_\_\_\_

Academic Supervisor \_\_\_\_\_

Supervisor Telephone # \_\_\_\_\_

# Hours required \_\_\_\_\_

To be completed by (date) \_\_\_\_\_

Volunteer Supervisor Credential required \_\_\_\_\_

Degree sought \_\_\_\_\_

Other conditions/requirements \_\_\_\_\_

**How many hours would you like to volunteer per week?** \_\_\_\_\_

**For what length of time?** \_\_\_\_\_ (weeks/ months)

**Availability (please check all that apply) – (Volunteer Hours are 9:00 a.m. – 11:00 a.m.)**

Mon	Tues	Wed	Thu	Fri
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Reason(s) for volunteering**

Community Service (required)

Undergraduate Student (for credit)

Undergraduate Student (not for credit)

Graduate Student (for credit)

Graduate Student (not for credit)

Other(specify) \_\_\_\_\_

**REFERENCES - please list three personal references (professors, prior volunteer supervisors, employers, etc.**

Name/Occupation/Address	Relationship	Telephone #

**Who should we notify in case of emergency? Name, relationship, and phone number**



<b>EMPLOYMENT INFORMATION</b> -Please tell us about your current employer.	
Employer Name	<b>Job Title</b>
Employer's Address	
<b>GENERAL INFORMATION</b> - Please tell us about yourself. Information regarding your educational background will help us to find the right placement for you. Demographic information is used only for statistical purposes.	
<b>EDUCATIONAL LEVEL</b> - Indicate the highest level of education you have COMPLETED <b>HIGH SCHOOL</b> <input type="checkbox"/> Less than 12th grade <input type="checkbox"/> 12th grade/graduated <input type="checkbox"/> GED  <b>COLLEGE</b> <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd year <input type="checkbox"/> 3rd year <input type="checkbox"/> 4th year  <b>OTHER</b> <input type="checkbox"/> graduate school <input type="checkbox"/> vocational/technical	<b>LANGUAGE</b>  What foreign language(s) do you speak? _____  US CITIZEN <input type="checkbox"/> yes <input type="checkbox"/> no
The following questions are asked only for statistical purposes, and need not be answered <b>RACE</b> <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian or pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan native <input type="checkbox"/> other  <b>ETHNICITY</b> <input type="checkbox"/> Puerto Rican <input type="checkbox"/> other Hispanic/Latino <input type="checkbox"/> Mexican <input type="checkbox"/> not Hispanic/Latino <input type="checkbox"/> Cuban <input type="checkbox"/> Latino, unknown origin  <b>SEX</b> <input type="checkbox"/> male <input type="checkbox"/> female	

**VOLUNTEER:**

**PLEASE READ THIS SECTION CAREFULLY BEFORE SIGNING YOUR APPLICATION.**

I certify that all the answers given here are true and complete. I understand that if accepted as a volunteer I will be bound by all relevant legal and ethical requirements. I authorize investigation of all statements contained in this application and any other information relating to my suitability for a volunteer position. I further certify that I have never committed a felony. I understand that a criminal history background check and drug test may be conducted.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**FOR VOLUNTEER SUPERVISOR** - please complete and file

- I have informed candidate of orientation date, which is \_\_\_\_\_
- Resume, references and all other materials I have received are attached
- Completed Criminal Record Check form attached
- Information on Health Provider Certificate/Physical/Tb screening provided

Porter-Leath provides equal access to all programs, including employment, to all individuals regardless of race, sex, age, religion, national origin or disability, in accordance with all relevant laws regarding employment.



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## Early Head Start/Head Start/Preschool

### VOLUNTEER AND INTERN CONFIDENTIALITY PLEDGE and HOLD HARMLESS AGREEMENT

*CONFIDENTIAL, adj. – 1. To be kept secret. 2. Entrusted with secrets. Confidentiality, adv.*

**The confidentiality of Porter-Leath, my fellow volunteers, interns, clients, donors, visitors, and employees, along with those who have a business relationship with the Agency, is a priority. I make the following pledge to assure that all confidential information is protected:**

- I will not use or disclose confidential information, except on a strictly “need to know” basis or when required by law either during my volunteer period or afterwards, directly or indirectly.
- In the context of confidentiality, I understand that “need to know” means persons who:
  - Are authorized to know the confidential information I possess
  - Require the confidential information I possess to perform their job
  - Have a legal obligation to the confidential information I possess and have provided me with a properly authorized written request for the information
- I understand that confidential information comes in many forms and can be information of Porter-Leath, clients, other volunteers, donors, vendors, employees, or any other entities with a relationship with Porter-Leath.
- I will report to my Supervisor when others have violated their pledge of confidentiality.
- I understand that identifying a client in our care to those without a “need to know” is violating the trust and confidentiality of that client.
- I understand that the use of photos or other information about Porter-Leath children is a breach of confidentiality unless written permission is obtained from the child’s parent/legal guardian.
- When I am unsure about whether information I possess is confidential or whether to release the information, I will speak with my Supervisor before taking action.
- I understand that breaching the confidentiality of the Agency, clients, employees, other volunteers, interns, or visitors is grounds for termination of status and possible legal action.
- In consideration of the acceptance of my voluntary participation with Porter-Leath, I hereby waive all claims for damages for death, personal injury or property damage which may hereafter accrue to me, against Porter-Leath as a result of my participation in this activity.

**My signature below represents my understanding of the importance of confidentiality and my pledge to protect all confidential information.**

\_\_\_\_\_  
Volunteer/Intern Name (Print)

\_\_\_\_\_  
Volunteer/Intern Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



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## Volunteer Criminal Record Check

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name/Maiden Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Birth date: \_\_\_\_\_

Race: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

*Porter-Leath has the permission of the undersigned to perform a criminal record check to verify the background and character of this potential volunteer/intern.*

Volunteer/Intern Signature: \_\_\_\_\_

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

Signature of Employee completing check: \_\_\_\_\_

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



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## Volunteer Agreement

Welcome to Porter-Leath! We are excited about your participation and hope that your volunteer experience will be everything you expect and more.

In preparing you for your volunteer assignment, you will be provided with a basic volunteer orientation along with information on our expectations for you. In return for your generous assistance to Porter-Leath staff, as well as to the children and families we serve, we will offer you a safe, rewarding environment that offers you an opportunity make a difference in the Memphis community.

While volunteering within a center, you will be expected to participate in a variety of activities, including assisting teachers with planning or implementing activities, reading, mealtime, etc. All activities will be guided by the children and directed by the teacher. If you have any questions regarding your role, please consult the Teacher or the center's Site Manager. There are also occasional opportunities for volunteer assistance with activities outside of the general classroom setting.

Please remember the following rules of our Early Head Start/Head Start and Preschool programs:

- Do not leave the classroom with the children individually or operate outside of the presence of the teacher.
- Do not leave children unattended at any time.
- Do not bring food to the center.
- Always wash your hands upon entering and exiting the classroom.
- Abide by the programs' Codes of Conduct and Confidentiality Agreement, including the taking of pictures while at the Center.

Prior to the start of your volunteer experience, please take some time to meet with your specified supervisor to set an established schedule for your volunteer hours. This will help you and your supervisor to be better prepared, thus making your experience more beneficial to both of you, as well as the children in the classroom. Our programs welcome volunteers between the hours of 9:00am – 5:30pm Mondays through Fridays (excluding holidays), and we ask that you volunteer for no less than a 2 hour block of time each visit.

At Porter-Leath, we value our volunteers tremendously because they are a critical part of the successful operation of our programs. Once you complete your volunteer service with our agency, a survey may be sent to you via email or USPS. We would appreciate if you would take a moment to share with us feedback about your experience and how we may improve our volunteer program for future volunteers.

**Thank you for choosing Porter-Leath and we look forward to seeing you again!**

Please initial by each statement, and sign the volunteer agreement at the bottom, letting us know that you understand our expectations for you.

\_\_\_\_\_ I have read and fully understand the Volunteer/Intern Job Description and agree to follow the rules and procedures as they have been presented.

\_\_\_\_\_ I have received and reviewed the Porter-Leath Volunteer Handbook, and understand the contents of the volunteer handbook.

\_\_\_\_\_ I have read and agreed to the Confidentiality Agreement.

\_\_\_\_\_ I grant permission to have my photo made public in Porter-Leath media.

\_\_\_\_\_ I agree to advance and support the Vision and Mission of Porter-Leath \_\_\_\_\_ to the best of my ability.

\_\_\_\_\_ I will be accountable to the stated Policies and Procedures at all times.

\_\_\_\_\_ I will observe work hours established by myself and my supervisor, and will complete time and attendance records for all hours worked.

\_\_\_\_\_  
Volunteer/Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
PL Staff Signature

\_\_\_\_\_  
Date