



Teach My People Pawleys, 753 Waverly Rd, Pawleys Island SC, 29585

To: Potential Volunteers

From: Teach My People Board of Directors

Jordan Presley, Volunteer Coordinator

Date: 2019-2020 Academic Year

Welcome!

We are so excited that you are interested in joining the Teach My People team!

As a volunteer, you are an invaluable part of our Teach My People family. You provide the extra heart, hands, eyes, and ears needed to expand the reach of our mission and vision. We believe that you contribute directly to Teach My People's ministry, and we hope you regard being a member of our team as service to the Lord. We truly could not do what we do without you.

Before beginning your time with us, the following TMP Volunteer Application packet must be completed and returned to Teach My People. Upon return, your application will be reviewed, a background check processed, and references called. Once these steps have been completed, you will be contacted by the Volunteer Coordinator to schedule a training and tour. After this, you are ready to join the team!

We are so thankful that you have chosen to partner with us, and look forward to getting to know you as we work together to help our students reach their full, God given potential.

Again, welcome to the team!

Together,

Jordan Presley



**APPLICATION FOR POTENTIAL VOLUNTEERS**  
**(All Information Confidential)**

**IDENTIFYING INFORMATION**

First, Middle, Last Name (preferred) \_\_\_\_\_

Street/Apt. \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Telephone(\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Name (if applic.) \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

**If under 18:** Parent Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

**(Under 18, Please see page 8 Release and Waiver Form)**

**BACKGROUND**

Education:

Current Students: HighSchool \_\_\_\_\_ Grade \_\_\_\_\_

Current Students: College \_\_\_\_\_ Year \_\_\_\_\_

Others: HIGHEST Level of Study:

High School ( ) School \_\_\_\_\_ College

( ) Deg: \_\_\_\_ Area \_\_\_\_\_ Institution \_\_\_\_\_

Graduate ( ) Deg: \_\_\_\_ Area \_\_\_\_\_ Institution \_\_\_\_\_

Employment: (Current or Most Recent)

Place: \_\_\_\_\_

Position/Type of Work: \_\_\_\_\_

Volunteer Experience: (Sites/Total Time) \_\_\_\_\_

Legal: (Arrests or Convictions of Crime: give date and Explanation):

\_\_\_\_\_



**REFERENCES**

List information for two (2) persons to be contacted for personal references. Indicate how persons know you. Do not list relatives.

Name \_\_\_\_\_ Name \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL THE INFORMATION IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE.**

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

## VOLUNTEER POSSIBILITIES

As a volunteer, there are a variety of ways in which you can help. For most persons, it might be scheduled and consistent each week; for others, it could be on an as- needed basis. Think of what you would enjoy doing and when it is convenient for you. Perhaps it will help you to look over our enclosed schedule for the year and imagine how you might fit into it. Do not be shy about your interests, talents, and skills. Our students' lives can be enriched in many different ways.

### Available Opportunities

Please specify the times that would be good for you:

Days Available: \_\_\_\_\_

Times Available: \_\_\_\_\_

Helping with homework (in classroom with teacher)

- Elementary (grades 1-3)
- Intermediate (grades 4-6)
- Middle (grades 7-8)
- High school (9-12)
- One-on-one tutoring

Non-Academic Opportunities

- Assisting with food services (helping with food delivery, cooking, serving, etc.)
- Assisting at front desk (greeting visitors, filing, answering phones, etc.)
- Assisting at Fundraiser events
- Assisting around the facilities (cleaning, lawn care, maintenance, etc.)
- Any other skills or hobbies you would like to teach our students (sports, art, music, etc.)

Signed \_\_\_\_\_ Date \_\_\_\_\_

If you know of other persons with interests in above areas who might like to volunteer please tell them about us. We would love to talk to them about volunteering as well!

**BACKGROUND INQUIRY RELEASE**

**Please read carefully. Then, sign below and record personal data on the back of this release as evidence of your agreement to the stated conditions.**

In connection with employment and/or volunteer services with Teach My People, I understand that investigative inquiries will be made into my criminal, civil, driving, and related backgrounds. I accept that the reports generated will include information on my character and my work habits, performance, and experience, along with reasons for termination of employment. Further, I understand that Teach My People and/or its authorized investigative agent will be requesting information from federal, state, and other agencies that maintain records related to these matters.

I authorize without reservation all agencies and/or employment divisions with personal information on me to release all records and information upon presentation of this signed release. Further, I waive any privilege I might have with regard to such records and express my desire that the investigative agent be given full and complete access to all of my records without the resource site obtaining further consent from me.

I acknowledge and agree that neither Teach My People nor its authorized investigative agent will be held liable for the gathering or use of inaccurate or incomplete information in connection with this release. However, I understand that when confronted with any information that I deem inaccurate or incomplete, I will have the opportunity to respond with data I believe to be corrective and/or clarifying. I agree that Teach My People then has the right to accept, deny or further investigate the additional data.

I understand that my position with Teach My People is conditioned upon acceptable results of this background inquiry as determined by them. I also understand that information appearing on the generated reports will not necessarily disqualify me from employment and/or a volunteer position at Teach My People.

I understand that the information generated by this release is confidential and will be protected by Teach My People as much as possible.

I agree that a reproduced copy of this release shall have the same force and effect as the original. This authorization is valid for the entire period of my employment and/or volunteer time with Teach My People.

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Legal Signature

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Date



## **VOLUNTEER CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, agree that as a volunteer for Teach My People, I will keep confidential within this organization all information learned about any child/children and their families while working here. Specifically, I will disclose no information regarding any child/children outside the organization of Teach My People.

I agree that in all intra-agency discussions of sensitive or personal matters regarding any child/children, (a) I will discuss the matters only with the Teach My People Operations Manager or Program Coordinator, (b) I will do so in a respectful manner, and (c) I will do so only when the concern for the child/children is for safety, general well-being, academic or social benefit, and/or overall progress.

Furthermore, I understand that I may encounter information from a child or children or others of suspected child neglect and/or abuse. If such a case should occur, I will inform the Operations Manager or Program Coordinator in confidence so that the Educational Director may report the suspected neglect and/or abuse to the appropriate authorities.

### Statement of Affirmation:

I understand the information of the above Volunteer Confidentiality Agreement and certify that I will abide by the terms stated.

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(Signature)

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(Date)



**EMERGENCY CONTACT AND CURRENT MEDICAL INFORMATION**  
**PATIENT INFORMATION**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ M/F \_\_\_\_\_

**HOME ADDRESS**

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

HOME \_\_\_\_\_ CELL \_\_\_\_\_

**EMERGENCY CONTACTS:**

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE: \_\_\_\_\_

**MEDICATIONS**  
**threatening)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**MEDICAL CONDITIONS (Life**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**ALLERGIES (FOOD, MEDICINES, ETC.)**

1. \_\_\_\_\_ REACTION \_\_\_\_\_
2. \_\_\_\_\_ REACTION \_\_\_\_\_



3. \_\_\_\_\_ REACTION \_\_\_\_\_  
4. \_\_\_\_\_ REACTION \_\_\_\_\_

**PRIMARY PHYSICIAN**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**UNDER 18 ONLY**  
**WAIVER AND RELEASE FORM**

**Volunteers under the age of 18 MUST have parent complete and sign release**

I, \_\_\_\_\_ (Print name of parent or legal guardian), hereby give permission for \_\_\_\_\_ (Print name of minor) to participate as a volunteer at Teach My People.

I, \_\_\_\_\_ (Parent or legal guardian), do certify that to the best of my knowledge, my son/daughter is physically and mentally able to participate.

I, \_\_\_\_\_ (Parent or legal guardian), further consent that Teach My People may obtain necessary emergency medical treatment and/or transportation for in the event of accident, injury or sudden illness while said minor is engaged in volunteer activities with Teach My People at my sole expense. Further, I release Teach My People, its Board and employees, from and against any and all liability for any harm, injury, damage, claims, costs and expenses of any nature that I or my child may have or that may accrue to me or my child, arising out of my child's volunteer activities.

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