

OPERATION Breakthrough

VOLUNTEER APPLICATION

Please circle one: Ms. Mrs. Mr. Date: ___/___/___

First: _____ MI: _____ Last: _____

Address: _____

(City)

(State)

(Zip Code)

Home #: _____ Cell #: _____

E-mail Address: _____ Date of Birth: ___/___/___

Emergency Contact: _____
(Name) (Phone#)

How did you hear about Operation Breakthrough's Volunteer Program?

Are you volunteering to complete community service hours? Yes No

If yes, for what and why?

Number of Required Hours _____ Completed by (date) ___/___/___

**All volunteer hours are recorded and saved for future reference even if you circle "No".*

By signing below you understand the requirements of the volunteer program that you are applying for and commit to following them, and communicating with the volunteer department if something were to come up causing you to not keep your full volunteer commitment. You accept responsibility for all of your actions while at the center, traveling to and/or from the center, or engaged in any activity held by or for Operation Breakthrough. You understand that Operation Breakthrough cannot be held liable for any loss, personal injury, accident, misfortune or damage to yourself or your property.

Signature

Date

Signature of Parent/Guardian (if under 18)

For Internal Office Use Only

____ Volunteer Application ____ Background Check ____ Fingerprints ____ Orientation Date _____
____ Volunteer Agreement ____ Vaccination Card ____ Shirt ____ Start Date _____
____ RE Opportunities/Input
Classroom _____ Day _____ Time _____

OPERATION Breakthrough

School Volunteer Agreement

Thank you for offering to serve as a Volunteer at Operation Breakthrough! Volunteers truly make a difference in the lives of our students and offer a different lens for our students to learn from. This following Agreement is to establish an understanding of the role of a Volunteer and to understand guidelines to ensure understanding of school culture. This agreement also serves as a safety net for you, the Volunteer.

Volunteers: A person who works at school sites or other educational facilities to support the efforts of OB staff.

As a volunteer for Operation Breakthrough, I understand and agree to the following:

- Volunteer service and hours are pre-approved by Volunteer Coordinator
- Participating in a Volunteer Orientation
- Volunteering is a complimentary service
- Potential student discipline be referred to staff
- Wearing a visible visitor badge
- Technology resources are used only for educational purposes
- Inform Coordinator or Administrative Staff of any issue that may impact my service as a volunteer
- Maintain confidentiality of all student information
- Transporting students is not in the role of a Volunteer
- Religious/political beliefs are presented in a neutral manner
- Understand adult/student age appropriate nurturing relationships
- Contact appropriate school personnel when you are unable to Volunteer

Background Screening:

I understand that based upon the level of my Volunteer responsibilities, OB will determine what background screening is necessary. This background screening may include obtaining a report from a reporting agency that may include information concerning my criminal history. If it is determined that I need a background screening, I will complete a "Disclosure/Release of Information Statements" form and give consent to conduct an applicable background screening. This is a confidential process. Examples of when a background screening may be necessary include, but may not be limited to the following:

- Anyone over the age of 18, who is working one-on-one or in small groups with student
- Volunteers with a regular schedule during school hours
- Volunteer Coach (academic/interscholastic/intermural)

Name: _____

Signature: _____

Date: _____