

SALLY KATE WINTERS FAMILY SERVICES  
VOLUNTEER/TUTOR/INTERN/SERVICE LEARNER  
APPLICATION

\*\*\*\*\*

Position applied for:  Volunteer  Tutor  Intern  SERVICE LEARNER

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

Name: \_\_\_\_\_  
Last First Middle

ID # or Drivers License #: \_\_\_\_\_ Are you 18 years old or older? Yes No

Home Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

\_\_\_\_\_

Address to send correspondence: \_\_\_\_\_

\_\_\_\_\_

Educational Background (**TUTORS: must have at least 20 hrs of college credit**): \_\_\_\_\_

\_\_\_\_\_

Previous and/or current volunteer experience: \_\_\_\_\_

\_\_\_\_\_

How did you learn about the SKW program? \_\_\_\_\_

\_\_\_\_\_

Do you have any special areas in which you were interested in volunteering (such as tutoring, parties, recreational, office, etc...)? \_\_\_\_\_

\_\_\_\_\_

Times Available:

Weekdays: M T W Th F Hours Available: \_\_\_\_\_

Weekends: Sat. Sun. Hours Available: \_\_\_\_\_

Holidays: \_\_\_\_\_

Office Use Only: \_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Are you aware that you will have to complete a background check and fingerprinting prior to volunteering? \_\_\_\_\_ **(\$20 cash payment is required in advance to cover costs.)**

Are you aware that you will have to complete a volunteer orientation? \_\_\_\_\_

Will you be willing to participate in ongoing training and activities? \_\_\_\_\_

What are the strengths that you will bring to this program? \_\_\_\_\_

Have you had personal experience involving?

\_\_\_\_\_ Child Welfare

\_\_\_\_\_ Juvenile Court

\_\_\_\_\_ Foster Care

\_\_\_\_\_ Other Child Services

If so, explain: \_\_\_\_\_

Write a brief statement as to why you have chosen to volunteer at the SKWFS:

What additional information would you like about the SKW Family Services? \_\_\_\_\_

Please provide four references, 3 personal- 1 professional including their addresses and phone numbers:

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

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

3. \_\_\_\_\_

My signature verifies that this information is accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only: \_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_



**PERMISSION FOR BACKGROUND CHECK**

I give my permission for the Sally Kate Winters Family Services to conduct a screening with law enforcement, the Child Abuse Central Registry, previous employees and any other persons to determine my suitability in working with children. I understand that this permission is part of my application to work/volunteer at the Sally Kate Winters Family Services.

Name \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

Permanent Address \_\_\_\_\_

\_\_\_\_\_

Current Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only: \_\_\_\_\_ Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_



**DISCLOSURE OF INFORMATION FORM**

Employees, volunteers, and interns should not at any time, directly or indirectly, communicate to any person or business of the Sally Kate Winters Family Services. This includes its manner of operation, its plans, processes or other data without regard to whether all of the foregoing matters will be deemed confidential material or the successful conduct of the business of Sally Kate Winters Family Services, unless an employee/volunteer is given that responsibility as a part of his/her job description of official duties. Any violation of this regulation shall be **grounds for dismissal**.

Employees, volunteers or interns shall not at any time, provide information concerning victims to any outside person or agency without the formal consent as discussed in Volunteer Training.

Former employees, volunteers, or interns are expected to maintain such confidentiality of information after the termination of the employment, volunteer contract or internship. The former employee, volunteer or intern shall not make or permit the making of any public announcement or statement relation to former duties or information unless such information is a matter of public knowledge. Nor shall said person photograph victims unless requested/approved by the Volunteer Coordinator or Executive Director.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness