

Please check the appropriate age group

Youth Volunteer

Adult Volunteer

VOLUNTEER APPLICATION PACKET

Please complete packet and return to appropriate staff member as explained below:

Youth volunteers-- Kirk Lewis

Adult volunteers—Jeralee Kunkee

Once completed, staff will contact you for an interview. Please review the Volunteer Policies and Procedures Manual in that time and bring the completed final page of the Policies and Procedures indicating that you agree to its terms. At the interview you will be welcomed to ask any questions or concerns regarding our policies.

**THANK YOU FOR YOUR INTEREST IN VOLUNTEERING WITH
PORTAGE COMMUNITY CENTER!**

Celebrating More than 46 Years of Service!

Mission

Creating a better community by helping individuals and families in need.

Vision

Everyone thrives and achieves his/her greatest potential

Values

Compassion - Dignity - Respect - Diversity - Empowerment – Stewardship

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Volunteer Application

Personal information:

Name: _____
First Name Middle Initial Last Name

Preferred Name: _____ Preferred Gender Identity: _____

Address: _____
Street Address City State Zip code

Drivers License Number (if applicable): _____ - _____ - _____

Date of birth: _____ - _____ - _____ Age (in years): _____
Month Date Year

Contact Information:

Primary Phone: (____) _____ - _____ Secondary phone: (____) _____ - _____

Email (please print in all capitals): _____ @ _____

Preferred method of contact (circle one): Phone Email

In Case of Emergency Contact(s): *Please note all adults need at least one contact, youth MUST have two

Name: _____ Relationship _____

Primary Phone: (____) _____ - _____ Secondary phone: (____) _____ - _____

Name: _____ Relationship _____

Primary Phone: (____) _____ - _____ Secondary phone: (____) _____ - _____

In order to complete our mandatory background check we need the following information:

Ethnicity (Check best fit): White Black Asian/Pacific Islander
American Indian/Alaskan Native Unknown/Other

Previous or other name(s) known by (maiden or legal name changes): _____

Please briefly list and explain any misdemeanors or felony charges or convictions (if any): _____

*Please note that convictions and/or charges will not necessarily disqualify an applicant and any information regarding charges or convictions will remain confidential

Professional and/or Personal Reference(s):

Name: _____ Relationship _____

Primary Phone: (____) _____ - _____ Secondary phone: (____) _____ - _____

Name: _____ Relationship _____

Primary Phone: (____) _____ - _____ Secondary phone: (____) _____ - _____

Hours Requirements (if any):

I am completing these hours because (circle best fit): Court-mandated School Requirement Other

Court or other referring agency: _____

Contact person at referring agency: _____ Phone: (____) _____ - _____

Total number of hours needed: _____ Deadline for completion of hours: _____

Total number of hours desired to complete at PCC: _____

I am available:

Monday _____ to _____ Thursday _____ to _____

Tuesday _____ to _____ Friday _____ to _____

Wednesday _____ to _____ Available for substitute on off days YES NO

Please indicate the maximum number of hours a week you would like to commit: _____

*Please note that in typical situations the max weekly commitment for adults is 8 hours; for youth 4 hours.

I, _____ (print name) hereby give authorization to PCC and its professional staff to verify the information provided with any organization or individual listed. I also authorize the release of information about my volunteer relationship with PCC to referring agencies as necessary. **I certify that all information I have provided is true. I understand that falsifying any information is grounds for termination of my volunteer relationship with the Portage Community Center. My signature authorizes this information as well as gives Portage Community Center permission to conduct a criminal background check through the Michigan State Police ICHAT System.**

Signature of volunteer

Date

To be completed by the parent or guardian of a volunteer under the age of 18:

I have reviewed the information provided by my child and certify it to be true. I understand that my child must agree to follow all policies and procedures listed while performing his or her duties as a PCC volunteer. I understand that if my child is to violate any terms of the above listed, PCC will terminate the volunteer agreement. **I give the staff of PCC permission to run a criminal background check on my child through the Michigan State Police ICHAT System and to confirm all provided information with referring agency as necessary.**

Signature of youth volunteer's parent or guardian

Date

Transportation Agreement of Minor

To be completed by the parent or guardian of a volunteer under the age of 18.

In order to ensure the safety of youth volunteers PCC requires a detailed approval of transportation limits or requirements for your child. ****Please note if you wish to put NO transportation restrictions on your child, please check "any" on the list below to release PCC of responsibility of ensuring only approved transportation.**

Any changes to the approved methods of transportation will need to occur at minimum verbally directly to staff (not left in a voicemail or given to another volunteer) in emergency situations only or in writing prior to the date of needed change.

I certify that my child is able to get home in the following ways (check all that apply):

- Ride only with approved individuals listed below, emergency contacts, parent(s) or guardian(s)
- Ride by any individual over the age of 18
- By his or her own transportation (own vehicle)
- Ride with any friends or siblings under the age of 18
- Public Transportation
- Walking/Biking
- Any

Please indicate how you would like to be informed of transportation issues: _____

Please list all individuals that are approved to take your child home

****Please note that emergency contacts listed in the application and parents and guardians are automatically qualified to transport a child, individuals to list in this section may include siblings, aunts, uncles, grandparents, family friend, etc.**

Name: _____ Relationship _____

Primary Phone: (____) _____ - _____ Secondary phone: (____) _____ - _____

Name: _____ Relationship _____

Primary Phone: (____) _____ - _____ Secondary phone: (____) _____ - _____

Name: _____ Relationship _____

Primary Phone: (____) _____ - _____ Secondary phone: (____) _____ - _____

Please list all individuals that are NOT approved to take your child home

Name: _____ Relationship _____

Name: _____ Relationship _____

Name: _____ Relationship _____

Signature of youth volunteer's parent or guardian

Date

Code of Conduct for PCC Youth

The goal of the PCC's Youth Program is to provide youth the opportunity to become engaged in positive activities that help develop social and interpersonal skills, increase their sense of responsibility within the community and foster self-esteem. The staff and volunteers of PCC will make every effort to assist individual youth in achieving his or her goals.

To protect each youth's right to a safe and orderly environment, policies governing youth conduct have been developed. The following is a list of unacceptable youth behaviors and the consequences that will result for any youth, regardless of age, who is participating in a PCC program who participates in any of these listed behaviors. This list is offered as an example of misbehaviors and is not intended to be all-inclusive.

The following behaviors may result in dismissal from a PCC program as well as a referral to Police.

1. Arson
2. Possession of a weapon
3. Transferring and/or sale of alcohol and/or illegal substances

The following behaviors will result in consequences, which may include but are not limited to, temporary suspension from a PCC program, referral to Police, and/or restitution meeting with parents:

1. Use or possession of alcohol, tobacco and/or illegal substances
2. Assault or fighting
3. Theft
4. Profanity of any kind, written, spoken, graphics, and/or actions of vulgarity
5. Vandalism
6. Insubordination, persistent disobedience and/or disorderly conduct
7. Intimidation or Harassment
8. Ethnic intimidation or harassment
9. Unauthorized leaving of the premises or group activity off premises
10. Improper bus behavior

Staff has the final decision on what behavior is acceptable or inappropriate.
Repeated inappropriate offenses will NOT be tolerated and is grounds for dismissal.

No student will be dismissed from a PCC program until the parent/guardian has been reached and transportation arranged.

My signature means I have read, understand, and agree to follow the terms of the above Code of Conduct.

Signature of youth

Date

Signature of youth's parent or guardian

Date