

## Volunteer at Someone Else's Child

With a mission to provide interconnected and consequential programs that inform and empower youth, Someone Else's Child's (SEC) programs and those provided through partnerships reflect its emphasis on education, literacy and economic justice.

In order to continue supporting our partners and their initiatives, SEC constantly seeks to connect volunteers from the community with program participants to achieve SEC's vision of addressing economic disparities and drive systemic change. Our volunteers provide underserved youth with consistent opportunities to learn, grow and fulfill their potential to live successful lives, as well as being engaged, contributing members of their own communities.

If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

**Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Please tell us why you want to volunteer with our organization?

\_\_\_\_\_

Please share any special talents or skills you have that you feel would benefit SEC?

\_\_\_\_\_

Interests: Please tell us in which areas you are interested in volunteering

Operations

Events e.g., Kids-Helping-Kids

Literacy Program

\_\_\_ Fundraising

\_\_\_ Internships

\_\_\_ Other, please specify \_\_\_\_\_

Please tell us what you hope to gain from your experience with us?

\_\_\_\_\_

What hobbies, skills, special interests or qualities do you have that may be relevant to the volunteer role you are applying for?

\_\_\_\_\_

If you have volunteered before, please give details of where you have volunteered, for how long and describe your volunteer role. If you have a resume, please attach a copy.

\_\_\_\_\_

*Completed CORI and SORI forms will be required prior to volunteering.*

Please indicate days available: **Mon. Tues. Wed. Thurs. Fri. Sat.**

Times available: **From** \_\_\_\_\_ **To** \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

*As a volunteer of Someone Else's Child, I agree to abide by its policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.*

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