



Program Volunteer Application

St. Mark Youth Enrichment believes that every child deserves an opportunity to succeed. Volunteers work with students in grades Pre K—5th in the Dubuque and Western Dubuque communities. From academic remediation to character-building activities and enrichment programs, St. Mark Youth Enrichment volunteers play a vital role in restoring hope and opportunity to local children.

Volunteers participate in our after school programs at the Boys & Girls Club or Peosta Elementary Schools. Consistency is vital for the children we work with! Volunteers are asked to commit to at least two hours per week with students during school year programs. Please join us as we invest in our greatest resource: children. There are also opportunities for volunteers to participate in our summer programs offered in the Dubuque and Dyersville communities, or special events throughout the year.

Screening

To safeguard the students in our care, St. Mark requires the following:

- Volunteer application completed and signed.
- Background Check Authorization Form completed and signed.
- St. Mark will review each background check and determine your eligibility to volunteer in the St. Mark programs.
- Should you be disqualified, St. Mark will notify you about the results.
- The background check will include a social security trace, county criminal record check, and child abuse/sex offender registry check.
- The decision to exclude or limit an individual's participation as a volunteer is solely at the discretion of St. Mark.
- St. Mark will maintain the confidentiality of all information.
- Notification of placement will be done after the application is received, background check is completed, and orientation is completed.
- Notification will come via a phone call, an email, or as a written document.

Return completed information to:

St. Mark Youth Enrichment
PO Box 568
Dubuque, Iowa 52004

Direct questions to:

Melanie Dill
St. Mark Youth Enrichment
Ph. 563-582-6211 Ext. 102
Email: mdill@stmarkyouthenrichment.org

Mission Statement: St. Mark Youth Enrichment provides innovative programs and services that cultivate the educational and social-emotional growth of youth and families.

Program Volunteer Application

First Name _____ Last Name _____

Date of Birth _____ → Male → Female → Non-Binary

Current Street Address _____ City _____ State, Zip _____

Permanent Street Address _____ City _____ State, Zip _____

Main Phone Number _____

Primary Email _____

Emergency Contact Name _____ Relationship _____ Phone Number _____

Emergency Contact Employer _____ Phone Number _____

Where did you hear about the opportunity to volunteer at St. Mark?

Why are you interested in becoming a volunteer at St. Mark?

Do you have a specific site or event that you would like to volunteer?

Have you worked with children before? → Yes → No If so, please explain

List past volunteer service

Please list 2 personal references:

First & Last Name _____ Relationship _____ Phone Number _____

First & Last Name _____ Relationship _____ Phone Number _____

*If you are a student, complete the following information:

High School College School or College Attending: _____

Are you volunteering as a service learning position? → YES → NO

All volunteers complete the following:

Program Hours: After-school M-F, 3:00-5:30 pm; summer hours and special activities/events vary.

I am interested in volunteering with the ____ After-school program ____ Summer Programs
____Special activities/Community events

Preferred Time(s)/Day(s) of the week: _____

Preferred Location: _____ # of hours per week interested in volunteering? _____

Volunteer Agreement

As a volunteer at St. Mark Youth Enrichment, I understand and agree to the following conditions.

1. I agree to fulfill the commitment of volunteering consistently with students in St. Mark programs. If there are consistency issues, we reserve the right to terminate your volunteer status with St. Mark.
2. I understand the importance of my service. If I am ill or need to miss a scheduled time period, I agree to notify the assigned contact in advance.
3. I understand and expect that I will receive supervision and feedback from the staff to assist in improving my general performance as a volunteer and provide any support I may need.
4. I understand the right to privacy of each individual.
5. I will never use drugs (except prescription medication), alcohol, or smoke while in the company of the children or staff or while on the grounds of the community center or school. This also includes any locations or activities that involve St. Mark.
6. I understand that setting a good example and being a role model is part of my commitment.
7. I will adhere to the confidentiality policy and volunteer expectations.

Media Recordings Release

I permit St. Mark Youth Enrichment to use my picture for publicity purposes. This may include displays, social media, printed publications, or otherwise using photographs, images, and/or video taken of me during the program.

Confidentiality Policy

I understand the right of privacy of St. Mark Youth Enrichment and each individual involved with the St. Mark programs. I agree to fully protect the confidentiality of St. Mark and the individuals who have served in its programs. Any and all information concerning the youth will be held in strictest confidence at all times. Youth and/or families must not be identified to anyone not directly employed by St. Mark or involved in the said program, and must not be disclosed in social situations either in or out of the agency.

I have answered all questions fully and truthfully. I have read and understood St. Mark's Volunteer Agreement and Confidentiality Policy. I hereby grant permission to St. Mark to verify all information provided on this application and to contact my references.

Signature _____ Date _____

Parent/Guardian Signature, if a minor _____ Date _____



**DISCLOSURE and AUTHORIZATION
For Consumer Reports**

In connection with my application for employment (including contract or volunteer services), I understand consumer reports will be requested by SMYE (Company). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, reason for termination of employment, work experience, education, accidents, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: driving record, judgments, criminal records, civil records, etc., from federal, state and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers, past or current neighbors and associates of mine, etc.) to gather information regarding my work performance, character, general reputation and personal characteristics and mode of living (lifestyle), may be obtained.

If I am hired, I understand that my employer can use this disclosure & authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service unless revoked in writing.

Authorization

I, _____, hereby authorize Inquirehire or its agents to prepare a consumer report or an investigative consumer report for the Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Inquirehire to procure such reports at any time during my employment, contract or volunteer period. I authorize without reservation, any person, business or agency contacted by Inquirehire to furnish the above mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to Inquirehire (contact information below) to obtain copies of any reports furnished to my employer or prospective employer by Inquirehire and to request the nature and substance of all information in its files on me at the time of my request, including the source of information. Inquirehire, on the Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). Inquirehire will also disclose the recipients of any such reports on me which Inquirehire has previously furnished within the two year period for employment request, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from Inquirehire. I understand that I can dispute, at any time, any information that is inaccurate in any type of report directly with Inquirehire.

➔ For **Minnesota and Oklahoma and California**, check here if you would like a copy of the consumer report.

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

Under the Fair Credit Reporting Act, you are entitled to a copy of your report. Various states have similar requirements and if you would like to know individual state requirements, you can contact Inquirehire at 800-494-5922 or go to www.inquirehire.com/resource/IndividualStaterights.

I am providing the following information for the preparation and proper verification of the consumer report.

Previous maiden name or other married name? → Yes → No
If yes, list names and corresponding years _____

Driver's License number: _____ State of issuance (DL): _____

Date of Birth: _____ Social Security Number: _____

List all past **counties** of residence **and** corresponding years: (i.e. Scott, IA 2003 - 2013)

County _____	Years: From _____	Through _____
County _____	Years: From _____	Through _____
County _____	Years: From _____	Through _____
County _____	Years: From _____	Through _____

Current Address _____ City _____ State, & Zip _____

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights. _____ (initials).

I hereby acknowledge that I have read and understand this document and authorize the obtaining the consumer report.

Signature _____ Date _____ Email address _____

Print Full Name - Include Middle Name (please print legibly)

Parent/Guardian Signature if under 18 _____ Date _____

Inquirehire, Inc. 320 LeClaire Street, Davenport IA 52801 | 800-494-5922 or inbox@inquirehire.com
To view Inquirehire Privacy Policy: <http://www.inquirehire.com/misc/privacy.php>