



1201 McKenna Blvd.
Madison, Wisconsin 53719
608-276-9782
800-238-1174

Volunteer Application

Thank you for your interest in being a volunteer with AFTER SCHOOL. To be considered, please complete this application and return it to our administrative office. Volunteer positions are generally available for adults who qualify, and may be available for youth fourteen through seventeen years of age. A minimum of two consecutive weeks is required for Summer Day Camp, and a consistent schedule is desired during the school year. Volunteers are assigned to sites serving children varying in age from five through fifteen. Our youngest volunteers receive placement assignments at sites serving children aged five through seven. (a completed application and reference check are required prior to selection and an interview may be scheduled). All volunteers may be given an orientation prior to starting their placement. No participant fee is required, but no remuneration is paid. Please call (608) 276-9782 if you have any questions.

Name: _____ Phone: _____

Address: _____

You may contact the following references - *do not list family members*:

Name _____ Phone _____

Name _____ Phone _____

Summer Volunteers

The AFTER SCHOOL Summer Day Camp is divided into eleven one-week sessions, beginning in early June and extending through mid-August (camp is not held on July 4). Please put a check by the weeks for which you would like to be considered. We ask that you be available for a minimum of two consecutive weeks.

Which weeks would you be interested in volunteering? _____

How many hours per day? _____

What time of day are you interested in volunteering? _____

School Year Volunteers

School year programs are offered before school, after school and on non-school days. They operate September into June. Please indicate below the days you are able to volunteer, as well as the date you would like your volunteer experience to start and end.

Preferred day: M T W TH F Start date _____ End date _____

Please check any areas in which you are interested or have skills.

Sports

- Golf
- Tennis
- Canoeing
- Bicycling
- Fishing
- Fitness/Dance

Construction

- Model Rocketry & Space Issues
- Carpentry
- Architecture/Construction

Nature

- Drama
- Sewing/Fiber Arts
- Jewelry Making
- Fine Arts
- Fashion/Style

Other

- Physics/Science
- Multicultural/Ethnic Activities
- Creative Thinking
- Wisconsin Lore/History

Arts

- Insects
- Nature Crafts
- Environmental Issues
- General Camping
- Water Resources
- Primitive Camping
- Musical
- Mystery/Detective
- First Aid/Medical

Please describe any training or skills you have in the areas checked: _____

Volunteer please read carefully and sign:

I authorize AFTER SCHOOL to contact the references listed on this application.

I give my consent for AFTER SCHOOL to act on my behalf to obtain emergency care and treatment if deemed necessary.

I understand that if I am offered this position I may be required to attend an orientation and training session before starting my volunteer hours.

I understand that my volunteer placement may change.

I understand that volunteer work with children requires that I serve as a role model to the children and act in a mature and responsible manner. I understand that my failure to do so may jeopardize my placement.

I certify that the information provided above is correct to the best of my knowledge.

Applicant signature*

Date

Parent signature*

Date

**Applicants who are under the age of 18 must have the following page completed and on file in order to be considered.*



Parent/Guardian Permission

I give my permission for _____ to be a youth volunteer with AFTER SCHOOL.

Current grade: _____ School attends: _____ Birthdate: _____
Day/Month/Year

Emergency Care Instruction

Child's Physician		
Name: _____		
Address: _____		Phone: _____

In the event my child becomes ill or injured, every effort will be made to contact me or an emergency contact person listed below. Emergency contacts must be reachable by phone during program hours. A minimum of two emergency contacts other than parents is required for application to be processed. Emergency contacts must be at least 18 years old and available during minor volunteer hours.

1. _____ Name Phone #	3. _____ Name Phone #
2. _____ Name Phone #	4. _____ Name Phone #

1. I authorize AFTER SCHOOL to contact the references listed on this application.
2. I give my consent for AFTER SCHOOL to act on my behalf to obtain emergency care and treatment if deemed necessary for my child.
3. I give my consent for my child's participation in any field trips scheduled as part of his/her volunteer experience and consent for my child to be transported to and from any scheduled program activity for which transportation is provided. I understand AFTER SCHOOL adheres to state licensing regulations and agency policy regarding supervision of children while on all trips.
4. I understand there is a greater risk in having my child participate in AFTER SCHOOL swimming activities. However, I feel the added risk is acceptable because of the benefits to my child and agree to absolve AFTER SCHOOL of any greater responsibility by virtue of my child's participation in swimming activities.
5. I give permission for my child to appear in any media coverage approved by AFTER SCHOOL.

 Parent or Guardian Signature

 Date