



Volunteer Registration Pg.1

School Year: _____
(i.e. 2009-2010)

PERSONAL INFORMATION

First Name: _____ Last Name: _____

Address: _____
street city zip

Home Phone: _____ Cell Phone: _____ Other: _____

E-mail: _____

Emergency Contact: _____ Phone Number: _____

Primary Language: _____ Other Language Proficiency: _____

Fingerprinting is mandatory when working with students. Are you willing to be fingerprinted? Yes No

Have you been convicted of a criminal offense for which a pardon has not been granted? Yes No

If yes, please explain: _____

What is your preference for receiving communication from Faith Network? Email Phone Mail

VOLUNTEER AVAILABILITY & INTEREST *(please check all that apply)*

Day, Frequency, and Time

- Mondays Tuesdays Wednesdays Thursdays Fridays
- Weekly Monthly Once a Month On-Call to Fill In One-Time Projects
- Mornings Afternoons After School Weekends Only Other _____
- I am required to complete _____ hours of community service for _____

School and Grade Level

- No Preference Preferred School, City, or Neighborhood: _____
- No Preference Kindergarten-1st 2nd-3rd 4th-5th Middle School High School

Volunteer Roles and Skills

- Reading Tutor Food Bagging Science Classroom Facilitator
- Writing Coach Playground Coach Science Camp Chaperone (3-days)
- Library Helper After School Program Financial Literacy Coach
- Classroom Assistant Campus Beautification Other Skills or Interests: _____
- Math Tutor Teacher Appreciation _____

Please list 2-3 reasons you are interested in volunteering with Faith Network.

Describe any relevant volunteer or work experience that you have had and/or interests that you would like to explore during your volunteer experience with Faith Network.



Volunteer Registration Pg. 2

VOLUNTEER COMMITMENTS AND POLICIES *(please check to indicate agreement)*

I hereby promise...

- If applicable, I will attend a volunteer training provided by Faith Network.
- I will follow school/classroom rules and behave appropriately as a role model when with students on or off school grounds.
- I will be free from the influence of alcohol or illegal drugs when with students on or off school grounds.
- I will never purposefully endanger the life or health of a student.
- I will be respectful and support and follow the teacher's instructions, rules and curriculum.
- I will perform only the duties described by Faith Network and my school site supervisor
- I will not be on school grounds outside of my volunteer times unless I arrange with the administration.
- I will inform Faith Network of any changes to my availability, contact information, or emergency contact.
- I will meet the time commitment required for a volunteer position.
- I will always work with student in a location that is supervised by school site personnel or in a group context with other volunteers and students.
- I give permission for any photographs or video of myself, obtained during volunteer activities, to be used in informational materials for Faith Network of the East Bay.

REFERENCE INFORMATION

Please list two references who can verify your work and/or volunteer experience (i.e. supervisor, religious official, etc.)

Name: _____
 Telephone: _____
 Relationship: _____
 Address: _____

Name: _____
 Telephone: _____
 Relationship: _____
 Address: _____

By signing below, I verify that the information provided is accurate and I agree to abide by the policies of Faith Network.

Signature: _____ Date: _____

OPTIONAL INFORMATION *(for record purposes only)*

Gender: Male Female Date of Birth (mm/dd/yyyy): _____
 Ethnicity: _____
 Employment Status: Employed Retired Student Other _____
 School/Employer: _____ Job Title: _____
 How did you learn about Faith Network of the East Bay? _____
 Church/Organization Affiliation (if any): _____



Volunteering with Faith Network

SCREENING REQUIREMENTS AND PROCEDURES

All volunteers who work directly with children must have a TB test and LiveScan fingerprint on file with Faith Network.

TB Test

Have a TB test done at your doctor's office or medical clinic and have the results mailed or faxed to us. If you need a TB Clinic referral, please contact our office. *Must be renewed every three years.*

LiveScan Fingerprinting

Contact one of the locations listed below to schedule an appointment. All fingerprinting fees can be paid for by Faith Network by bringing a LiveScan Request Form from our office to your appointment. Please contact us to request this form. Upon completion, we will receive a report from the Department of Justice.

Please bring the following things with you to receive fingerprinting services:

- LiveScan Request Form. Call Faith Network for this form.
- Valid federal, state or local government picture ID (driver's license, passport, green card, etc.)
- Social Security Number

Locations:

- 1) UPS, Berkeley
2512 Telegraph Ave. 94704 • ph: 510.843.0993 • hrs: 8:30am-7pm, M-F; 9am-5pm, Sat.
*Please call ahead to make an appointment
- 2) Prints on the Run, Oakland
580 Grand Ave. Suite 301 • ph: 510.268.9940 • hrs: 9am-6pm, M-F; 10am-4pm, Sat.
*Please call ahead to make an appointment
- 3) Alameda County Office of Education (ACOE), Hayward
313 West Winton Ave., Rm. 181 • ph: 510.670.7711
Walk-In (first 14 people only): 8:35-9:30 or 10:00-11:30am, T, Th, F
By Appointment: 8:35am- 2:30pm or 1:30-2:30pm M, W and 1:00-2:30pm T, Th, F

CHECKLIST TO GET STARTED

- TB Test and Certification*
If you have had a negative TB test within the last year, a copy of these results is sufficient.
- Fingerprinting (if over the age of 18)*
- Return Completed Registration and TB Test Results to Faith Network
Mail: Faith Network, 2633 Telegraph Avenue #409 Oakland, CA 94612.
Fax: 510.836.5105

**Volunteers who will not have direct contact with children while volunteering (i.e. teacher appreciation and food bagging) are not required to have a TB Test or LiveScan Fingerprinting*