



Family Connection of Easton, Inc.

Your Partner for School Success

723 Coal St., Easton, PA 18042 ▪ 610-250-2542 x24075 ▪ 610-923-6046-fax
servac@eastonsd.org ▪ www.familyconnectionofeaston.org

Volunteer Application

Name:	
Address (include city, state, zip):	
Phone contact:	Email Address:

Are you aged 18 or over? (determines what clearances are needed) ___no ___yes

Are you currently in school? ___ no ___ yes If so, where? _____

Are you currently employed? ___ no ___ yes If so, where? _____

Volunteer area(s) of interest _____

Other languages spoken: _____

Have you done volunteer work in the past? If yes, please explain: _____

Please list two people who can serve as a reference for you:

NAME	RELATIONSHIP	PHONE NUMBER	EMAIL

Please initial both statements:

_____ Family Connection of Easton retains the exclusive authority to accept volunteers at their sole discretion and as they see fit.

_____ Volunteering with Family Connection is contingent upon clear criminal records checks.

Please carefully read and sign the back of this application.

VOLUNTEER STATEMENT OF UNDERSTANDING

If I am accepted as a volunteer with Family Connection of Easton, I understand my obligations to the organization. I agree to accept the supervision of Family Connection staff and will accept suggestions and recommendations about my job performance. I understand that all information that I have given may be substantiated by Family Connection and that all information is held in the strictest of confidence. I understand that any false information given by me may be grounds for termination.

In submitting this application to become a Family Connection volunteer, I understand that:

→ This information will be used to determine my eligibility as a volunteer. All application materials become the property of Family Connection and will not be returned. Volunteer applicants are not to be discriminated against because of race, creed, color, religion, sex, sexual orientation, national origin, ancestry, age, any physical or mental disability, veteran status, political beliefs, marital status, family or social background, or any other legally protected characteristic.

→ I am not automatically accepted as a volunteer with Family Connection. Acceptance as a volunteer will be determined by the Family Connection staff based on information obtained from my application, background check, references, and any other relevant sources.

→ In order to ensure the highest standards in the volunteer process and in Family Connection programs, all applicants must attend mandatory training relevant to their volunteer responsibilities.

→ I understand that Family Connection staff, EASD staff, and other personnel cannot assure volunteers' safety or eliminate risks. I am voluntarily participating with knowledge of the risks. I assume full responsibility for any risks involved in my volunteering (both known and unknown) and for any injury, damage, or other loss suffered by me, resulting from those risks. I release Family Connection from any and all claims of injuries to myself, and any and all expense or losses that may occur while engaged in volunteering with Family Connection.

→ I understand that confidentiality is to be maintained in reference to students and families who participate in Family Connection programs. See the attached Confidentiality Agreement that must be signed by all volunteer applicants.

→ I will perform only those tasks assigned, observe all safety rules, and use care in the performance of my assignments.

→ I have carefully read, understand, and voluntarily sign this document and acknowledge that it shall be effective and binding upon me/my minor child(ren).

Applicant's Signature _____ Date: _____
(Applicant's parent's signature is required if applicant is under 18)

Attach: Non-Disclosure Agreement, Media release, Clearances Information, PSP Record Check, Childline Form, Disclosure Statement (FBI Waiver), Emergency Contact Form