



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 Process

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, Dyersville, and Peosta communities. From academic remediation to character building activities and enrichments programs, St. Mark Youth Enrichment volunteers play a vital role in restoring hope and opportunity into the lives of local children.

Volunteers participate in before or after school programs at one of our 5 participating schools: Audubon, Fulton, Lincoln, Marshall, or Peosta Elementary. There are also opportunities for volunteers to participate in our summer programs offered in the Dubuque and Dyersville communities. Consistency is vital for the children we work with! Volunteers are asked to commit to a minimum of one-hour per week with students. Volunteers are welcome to participate in the programs as much as everyday for the duration of the programs. Please join us as we invest in our greatest resource: children.

Screening

In order 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 registries 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 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
1201 Locust Street
Dubuque, Iowa 52001-4709
Or FAX to: 563-582-0220

Direct questions to:

Amanda Avenarius
St. Mark Youth Enrichment
Ph. 563-6211 Ext. 105
Email: aavenarius@stmarkyouthenrichment.org



**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 _____ (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 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. _____

Drivers 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>

Revised May 2015



Program Volunteer Application

Name _____
(First) (Last)

Date of Birth _____ Male Female

Current Address _____
(Street) (City) (State) (Zip)

Permanent Address _____
(Street) (City) (State) (Zip)

Phone _____
(Home) (Cell)

Email _____
(Primary Email) (Other Email)

Emergency Contact _____
(Name) (Relationship) (Phone)

Employer & Phone _____

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 that you would like to volunteer?

Have you worked with children before? ____ If so, please explain: _____

List past volunteer service _____

Media Recordings Release

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

Please list 2 personal references:

(Name) (Relationship) (Phone)

(Name) (Relationship) (Phone)

***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

Is volunteering required as part of a course? _____ Course # and Title: _____

Major / Minor: _____ Anticipated Graduation Date: _____

All volunteers complete the following:

Program Hours: Before-school M-TH 7:00am-8:30am F 7:00am - 9:30am; After-school M-F 3:00-5:30pm; summer hours and special activities/events vary.

I am interested in volunteering with the: _____ Morning program _____ After-school program _____ Either program
_____ Summer Programs _____ Special activities/Community events

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

_____. # of hours per week interested in volunteering? _____

I prefer to volunteer as a _____ Helper (small/large group helpers) _____ Mentor _____ Group Activity

I have a car/access to a car (yes/no) _____ Any comments or special requests: _____

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 enrolled in St. Mark programs.
2. I understand the importance of my service. If I am ill, or need to miss a scheduled time period, I agree to notify Amanda Avenarius, Associate Director.
3. I understand and expect that I will receive supervision and feedback from the staff in order to assist in the improvement of my general performance as a volunteer, and to provide the support I may need.
4. I understand the right of 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 good example and being a role model is part of my commitment.
7. I will adhere to the confidentiality policy and volunteer expectations.

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 are 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 understand the Volunteer Agreement and Confidentiality Policy set forth by St. Mark. I hereby grant permission to St. Mark to verify all information provided on this application and to contact my references.

Signature _____ Date _____