



# Rolling Readers USA - Volunteer Application

*For Office Use Only:*

Site Name: \_\_\_\_\_ Orientation/Training Date: \_\_\_\_\_  
Location: \_\_\_\_\_

## Personal Information:

Title:  Mr.  Ms.  Mrs.

Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

## Other Community Involvement:

Organization	Responsibilities	Dates

## Emergency Contact Information:

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

## Preferences:

I prefer to volunteer in the following neighborhoods or schools: \_\_\_\_\_

I prefer to volunteer with the following:  K  Grade 1  Grade 2  Grade 3  Any

**How were you referred to us?**

- Online Please specify: \_\_\_\_\_
- Event Please specify: \_\_\_\_\_
- Word-of-Mouth Please specify name of referee: \_\_\_\_\_
- Advertisement Please specify: \_\_\_\_\_

What is your motivation for becoming a Rolling Reader? What do you hope to gain from the experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Background Information:**

All information is confidential and does not necessarily exclude you from volunteering.

1.- Have you ever been fingerprinted before?  Yes  No For: \_\_\_\_\_

2.- Have you been convicted of a misdemeanor or felony?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Volunteer Applicant Declarations:**

I declare and state as follows:

- I am at least 18 years of age or an emancipated minor (or I have my parent/guardian's signature authorizing their consent below) and can provide my own transportation;
- I am able to read and articulate clearly in English;
- I am a volunteer applicant to the Read-Aloud Program at Rolling Readers USA, and as a volunteer I understand I will not be an employee of Rolling Readers USA and I will not be paid for my services;
- I agree to attend an orientation/training prior to beginning service;
- I understand that I will be required to submit proof of a negative TB test and complete a background check prior to beginning my service;
- To avoid conflict of interest, I understand my own personal or professional business will not benefit financially or in any other way from the volunteer service I will perform;
- I have never been convicted of any felony or misdemeanor involving bodily injury, domestic violence, assault, sexual offense, possession or distribution of an illegal substance, or theft of personal property.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The information contained herein will only be used for volunteer application purposes only and shall remain confidential, to be used only by Rolling Readers USA, Inc. In addition to the declarations above, by signing above I acknowledge that the information I have provided on this application is accurate and true, and I authorize Rolling Readers USA, Inc. to perform a background and/or reference check in relation to my volunteer service.*