



Read Aloud Delaware

Volunteer Application Form
(Confidential)

FOR OFFICE USE ONLY

Date Trained: _____
Placement: _____
References: _____
Start Date: _____
On Schedule: _____
Mailing List: _____
Copy to NCC: _____
End Date: _____
Comments: _____

Date: _____

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Fax Number: _____

Email: _____ Place of Employment: _____

Emergency Contact: _____ Phone: _____

If you are under 18 years old, please provide the following information:

Birthdate: _____ School: _____

Parent(s)/Guardian(s) Name(s): _____

Parent(s)/Guardian(s) Phone Number(s): _____ (H) _____ (W)

I give permission for my son/daughter to volunteer with Read Aloud Delaware.

Parent's Signature

Date

For what position would you like to volunteer?

Reader Parent Educator Clerical Special Events Other: _____

Please indicate availability: list in order of preference:

	Days of the Week	Time of Day	Site
1.			
2.			

Please indicate date, time and location of training session you will attend: _____

Can you read in another language? If so, which one(s)? _____

Please turn over

Special training, skills, or interests: _____

List past volunteer experiences and other organizations to which you belong:

Would you be interested in working on special events or displays? _____

Restrictions that might affect your availability for, or type of volunteer service (family, work schedule, transportation, etc.) _____

How did you hear about Read Aloud Delaware? _____

Please list two references **not** related to you (Community, Business, Present, or Past Employer). If you have previously worked with children, paid or volunteer, please list supervisor as a reference.

1. Name: _____ Home Phone: _____ Work Phone: _____

Job Title or relationship: _____ Fax _____ Years known: _____

Address: _____

City: _____ State: _____ Zip Code: _____

2. Name: _____ Home Phone: _____ Work Phone: _____

Job Title or relationship: _____ Fax _____ Years known: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Have you ever been convicted of a crime? Yes: _____ No: _____

If yes, please attach an explanation.

In order to provide the safest environment for the children to whom we read, the staff of Read Aloud Delaware will conduct a reference check, a criminal history check, and may conduct an interview. Completion of this application does not guarantee acceptance into the program. By signing this application, you have been informed and you have agreed to these procedures.

I certify that the facts contained in this application are true and complete to the best of my knowledge.

SIGNATURE

DATE

Please return to your local Read Aloud Delaware Office:

New Castle County
P.O. Box 25249
Wilmington, DE 19899
(302) 656-5256
(302) 656-2119 FAX

Kent County
655 S. Bay Road, Suite 213-A
Blue Hen Corporate Center
Dover, DE 19901
(302) 674-4423
(302) 677-1526 FAX

Sussex County
P.O. Box 60
Georgetown, DE 19947
(302) 856-2527
(302) 856-2396 FAX