



Previous Experience with Children/youth: \_\_\_\_\_

Special Interests (Arts, Music, Gardening, Sports, Hobbies, Skills, etc.): \_\_\_\_\_

How did you hear about Grace Place? \_\_\_\_\_

What inspired you to volunteer at Grace Place? \_\_\_\_\_

Are you a member of a local church? \_\_\_\_\_

Name of Church

Availability to Volunteer (Check One or More)

Days: \_\_\_\_\_ Evenings: \_\_\_\_\_ Weekends: \_\_\_\_\_ Special Events Only: \_\_\_\_\_

Volunteer Areas of Interest (Check One or More)

- Bright Beginnings – With Moms
- Bright Beginnings – With Children
- Bright Beginnings – Interpreter
- Bright Beginnings - Other
- School Age – Elementary
- School Age – Middle School
- School Age – High School
- School Age – Other
- School Age - Summer
- Adult English Classes
- Family Literacy
- Financial Literacy
- Food Pantry
- Office/General
- Computers or Lab
- PR or Grant Writing
- Photography or Graphic Arts
- Fundraising
- Work Projects
- Special Events
- Committees
- Leadership

Other Volunteer Interests – Describe: \_\_\_\_\_

Can You Make a Commitment?    \_\_\_ One year    \_\_\_ 6 months    \_\_\_ 3 months

May we have permission to use your photo in promotion of Grace Place?    \_\_\_ Yes    \_\_\_ No

## Child/Youth Protection Policy

Grace Place for Children and Families is committed to providing a safe and secure environment for all children, youth, and volunteers who participate in the programs and activities, as such:

1. All volunteers must read and agree to abide by the following policies before beginning to volunteer with children or youth at Grace Place.
2. Before placing the any volunteer with children or youth, a designated staff member will meet with the applicant, reviewing with them the Child Protection Policy.
3. No adult who has been convicted of child abuse (either sexual abuse, physical abuse, or emotional abuse) may work with children or youth in any Grace Place sponsored activity.
4. All adult and youth volunteers must have a completed volunteer application on file and completed the screening process before beginning a volunteer assignment.
5. No adult or youth volunteer may ever be alone with a child.
6. All adult and youth volunteers shall attend regular training and educational events provided by Grace Place to keep volunteers informed of policies and procedures.
7. All adult and youth volunteers shall immediately report to their supervisor any behavior by staff, volunteers, visitors, parents, youth, or children that seems abusive or inappropriate.
8. All adult and youth volunteers shall observe this Child Protection Policy at all times.

Please answer each of the following questions:

1. Have you ever been charged with, convicted of, or plead guilty to a crime, either a misdemeanor or a felony (including but not limited to drug-related charges, child abuse, domestic abuse, or other crimes of violence, theft, or serious motor vehicle violations)?  Yes  No
2. Have you ever had to deal with a child abuse situation in any way, including being abused, being accused of abuse, knowing of or reporting abuse, etc.?  Yes  No

If "Yes" for either question, please explain: \_\_\_\_\_

\_\_\_\_\_

**I have read this Child/Youth Protection Policy, and I agree to observe and abide by all of the policies set forth above.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**References**

Please list three personal references (i.e., people who are not related to you by blood or marriage) and provide a complete address and phone number for each.

\*High School Student volunteers MUST include at least one teacher or school counselor as a reference.

1) Name: \_\_\_\_\_

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

Street

City

State

Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

2) Name: \_\_\_\_\_

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

Street

City

State

Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

3) Name: \_\_\_\_\_

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

Street

City

State

Zip

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Do we have your permission to contact these references as well as anyone else in order to obtain information about you for the purpose of considering you for a position of one who would work with children and/or youth?     Yes     No

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**\*Attach photocopy of Driver's License or Official Picture Identification Card.**