



## INMED Family and Youth Opportunity Center Volunteer Application

### Personal Information

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

Name: \_\_\_\_\_ Are you over 18?  YES  NO

Home Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email \_\_\_\_\_

Availability (circle all that apply):

Mon AM/PM Tue AM/PM Wed AM/PM Thu AM/PM Fri AM/PM Sat AM/PM Sun AM/PM

Program/Activity Interests (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Virtual tutoring/homework assistance | <input type="checkbox"/> Donation Drive          |
| <input type="checkbox"/> Pick-up donations                    | <input type="checkbox"/> Sort and pack donations |
| <input type="checkbox"/> Food/donations                       | <input type="checkbox"/> Help at Special Events  |
| <input type="checkbox"/> Other: _____                         |  |

### VOLUNTEER EMERGENCY CONTACT FORM

Emergency Contact # 1

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact # 2

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

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

I have reviewed this application and to the best of my knowledge, the information contained is true and accurate. I understand that any false or misleading information may disqualify me from being considered as a volunteer. I also agree that by submitting this application and being considered for a volunteer position, I will complete a criminal/child abuse background check and I agree to attend an orientation and/or other trainings required for my position.

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

If under 18, Parent/Guardian Signature is required: \_\_\_\_\_ Date \_\_\_\_\_

**VOLUNTEER COMMITMENT FORM**

INMED’s top priority is the safety and privacy of our program’s parents and children. As a condition of volunteering for INMED, I understand that:

- 1. I may have access to confidential information, both oral and written, relating to program participants, other volunteers, or the organization and its staff. I understand and agree that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position for INMED.
- 2. I further understand that a breach of this agreement shall constitute grounds for dismissal and may result in termination of my volunteer status with INMED. I also agree not to discuss these matters after I have left my volunteer position with INMED.
- 3. I will sign in at the main office upon arrival at INMED premises or other designated work place and sign out when I leave for the day.
- 4. I will wear my volunteer badge at all times while at INMED premises or other work designated area.
- 5. Except in case of emergency, I will give 24- hour notice, when I cannot keep a scheduled assignment, to the Volunteer Coordinator.
- 6. I will use good judgment and practice common sense rules of dressing, grooming, and personal standard cleanliness to favorably affect the business image that the INMED presents.

- 7- I will use only the materials provided by the INMED Volunteer Coordinator or other INMED staff as needed.
- 8. If I have reason to suspect child neglect or abuse, I will report this immediately and confidentially to the Volunteer Coordinator or other INMED staff as needed.
- 9. I will treat all students, parents, and INMED staff with respect and kindness regardless of their race, gender, class, religion, disability, language, or immigration status.
- 10. I will report any behavior problems of program participants to the Volunteer Coordinator or other INMED staff immediately.
- 11. I will adhere to INMED’s zero-tolerance policy regarding substance abuse (to include drugs, alcohol, tobacco) while on INMED premises or other work designated area.
- 12. I understand there is a zero-tolerance policy for inappropriate behavior when interacting with any program participant to avoid any confusion or misunderstandings.
- 13. I will respect the authority and rules of all INMED personnel.

By signing below, I agree to adhere to the statements stated above.

Parent /Guardian Printed Name \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Please return this form to the INMED at: 21630 Ridgetop Circle, Suite 130, Sterling, VA 20166  
or email it to Rosa Tobar at [rtobar@inmed.org](mailto:rtobar@inmed.org)

**If you want to work with children, you will need a background check. INMED does pay for background check.**