



South DeKalb's Full-Service Community Center

VOLUNTEER PROGRAM

Volunteer Enrollment Form

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (H): _____ (CELL/ALT): _____

EMAIL: _____

DRIVER'S LICENSE: YES NO

EMERGENCY CONTACT: _____

PHONE: _____ RELATIONSHIP: _____

I. AREA OF VOLUNTEER (Youth Program)

- Tutor Mentor Chaperone Front Desk/Clerical
 Substitute Teacher Special Events

II. AREA OF VOLUNTEER (Administrative)

- Reception Desk Data Entry Typing/Filing
 Special Events

III. PLEASE LIST ANY WORK/CAREER EXPERIENCE THAT RELATES TO YOUR AREA OF VOLUNTEER INTEREST: _____

IV. PLEASE LIST ANY CURRENT OR PAST VOLUNTEER EXPERIENCE: _____

V. REASON(S) FOR WANTING TO VOLUNTEER: _____

VI. AVAILABLE START DATE: _____

VII. PLEASE SELECT HOURS AND DAYS THAT YOU ARE AVAILABLE TO VOLUNTEER:

- Monday Tuesday Wednesday Thursday Friday
 AM – Please, be specific: _____ to _____
 PM – Please, be specific: _____ to _____

VIII. PLEASE INDICATE YOUR SKILLS/TALENTS (check all that apply):

- After School Teacher
- Arts Instructor, please specify: _____
- Barber/Beautician
- Clerical support
- Computer Instructor
- Computer Literate: Beginner Advance
- Dance Teacher
- Data Entry
- Desktop Publishing
- Drama Teacher
- Driver: Do you have a CDL License? Yes No
- ESL Instructor
- Experience with Children
- Fluent in Foreign Language: French Spanish
- Food Service Worker
- Front Desk Receptionist
- GED Instructor
- Janitorial
- Mentoring: male female no preference Grade(s): _____
- Mailings
- Marketing/PR
- MS Excel/Spreadsheets
- MS Word
- Music Instructor: Please specify: _____
- Outreach Worker (Food, Clothing, etc.)
- Physical labor
- Summer Camp Instructor
- Teacher, please list subject(s) you are apt to teach: _____
Are you certified? Yes No
- Telephones
- Telemarketing
- Tutoring: male female no preference Grade(s): _____
- Word Processing
- Other, please specify: _____



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Criminal History Check

New Life Community Center
3592 Flat Shoals Road
Decatur, GA 30034
404-381-6731
Email: assist@nlcc-atl.org

As part of my application for employment, my signature below authorizes above company to receive any criminal history record information pertaining to me which may be on file at any state or local criminal agency in the State of Georgia.

Full Name (Printed)

Date of Birth

Home Address

Sex

Race

City/State/Zip

Height

Weight

Signature

Driver's License #

Picture attached: Y N

Notary Signature

Commission Expiration

Date Notarized

NOTARY SEAL



South DeKalb's Full-Service Community Center

VOLUNTEER PROGRAM
Statement of Understanding

This agreement covers the acceptance of voluntary service with New Life Community Center.

NAME: _____
SOCIAL SECURITY NUMBER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
DATE OF BIRTH: (Month/Day/Year): _____

I understand that my services are on a voluntary basis without compensation or reimbursement. I am permitted access to the Center only during my approved volunteer hours. I am not considered an employee of New Life Community Center; therefore I am not eligible for health or life insurance, retirement, or any other benefits. If I am later employed by the Center, my volunteer experience may not be credited for retirement purposes, although the experience I gain may be credited to meet qualification requirements for employment.

I understand that I am not authorized to represent NLCC on any matter nor expend any funds for any reason. Also, prior approval must be obtained before publishing the results of any work, study, or research.

I understand that as a volunteer at New Life Community Center that information pertaining to the Center, its operation, programs and participants is completely confidential and breach of such information can result in legal action.

I understand that I must submit to a background check and must have a clean criminal record to qualify as a volunteer for New Life Community Center. Random drug testing may be administered at the discretion of New Life Community Center.

I understand that I serve under the supervision of the Program Manager/Program Coordinator and that my volunteer services may be terminated at any time.

I UNDERSTAND AND AGREE TO THE CONDITIONS OF MY SERVICE DESCRIBED ABOVE:

Print Name: _____ Date: _____
Signature: _____