I Am My Sister’s Keeper Volunteer Application

Program Specialist School Age Youth
Volunteer – Non-paid

KEY ROLES (Essential Job Responsibilities):
Local Candidates Only

Prepare Youth for Success

- Assist with the administration of designated Core Programs and activities that support Youth Development Outcomes:
- Oversee the provision of day-to-day program activities in accordance with established standards and goals.
- Ensure that members are encouraged to participate in a variety of program areas/activities and receive instruction and constructive feedback to develop skills in program area(s).
- Demonstrate leadership to assure conduct, safety and development of members and staff.

Supervision

- Complete proper record keeping and reporting in a timely manner for: program attendance, disciplinary records, program outcomes & measures, and all other reports designated.
- Supervise assigned groups as designated ensuring the safety of members and conduct is maintained.

ADDITIONAL RESPONSIBILITIES:

- Help to oversee special programs and/or events (i.e. Tea Party, Annual Scholarship Banquet, workshops etc.), and/or participate in the implementation of other activities as necessary.
- Required to drive to outside activities.
- Generate, prepare, and ensure the completion of required reports as they pertain to programs, grant requirements, and attendance.
- Required to work special events periodically as needed by the organization.
- Other Duties as assigned.

SKILLS/KNOWLEDGE REQUIRED:

- Have completed or are currently working to complete a two or four-year degree in a related field from an accredited college or university, or equivalent experience.
- Strong communication skills, both verbal and written.
- Group leadership skills, including an understanding of group dynamics.
- Demonstrated organizational, staff and project management abilities.

SKILLS/KNOWLEDGE DESIRED:

- Previous work experience with youth in an after school or summer enrichment program
- First-Aid and CPR Certified
- Must be able to pass a criminal background check
- Must be able to pass child abuse/neglect registry

PHYSICAL REQUIREMENTS/WORK ENVIRONMENT:

Valid Driver’s License and Commercial Driver’s License, and be insurable to drive.
Application Date ________________
Volunteer Position Sought ______________________________________________________
Name ________________________________________________________________
Home Address ________________________________________________________________
Work Phone ___________________ Home Phone _____________________________________

EDUCATION
Highest Level of Education ______________________________________________________

EMPLOYMENT
Current Employer, if applicable:
Position/Title _________________________________________________________________
Dates of Employment (starting, ending) _____________________________________________
Company/Employer _____________________________________________________________
Address _______________________________________________________________________
Would you like us to keep your employer abreast of your volunteer service and
achievement?  No ☐ Yes ☑

SKILLS & EXPERIENCE
Special training, skills, hobbies ____________________________________________________
Groups, clubs, organizational membership’s _______________________________________
Please describe your prior volunteer experience (include organization names and dates of
service) _______________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
What experiences have you had that may prepare you to work as a volunteer in the field of
[youth services, mentorship and girl empowerment groups]? __________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
What do you want to gain from this volunteer experience?
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Do you have a driver’s license? No ☐ Yes ☐
Do you have car insurance? No ☐ Yes ☐
Do you have a car available for transporting others? No ☐ Yes ☐

REFERENCES
Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

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<th>Name/Organization</th>
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<th>Length of relationship</th>
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Scan and Email the Volunteer Application with your résumé / CV to: Melissa Richmond, melissarichmond@iammsk.org or fax to 302-656-1292. PLEASE WRITE MSK VOLUNTEER APPLICATION in the subject line.

Please read the following carefully before signing this application:
I understand that this is an application for and not a commitment or promise of a volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with I Am My Sister’s Keeper that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by I Am My Sister’ Keeper. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with I Am My Sister’s Keeper or my termination as a volunteer.

Signature ___________________________ Date __________
I Am My Sister’s Keeper
Volunteer Release and Waiver of Liability

By my signature below, I acknowledge that I am volunteering to participate in a service and/or community event during the 2018/2019 year sponsored by I Am My Sister’s Keeper (MSK). I understand that participation in MSK programs and/or events may involve being in impoverished neighborhoods in the United States of America, where as a volunteer and/or participant, I may encounter poor living standards and unclean or dangerous environments. I understand that such programs and/or event locations may present inherent dangers that could result in injury, illness, and/or loss of life to a volunteer and/or participant. I understand that MSK takes reasonable precautions to prevent any of these adverse consequences against its volunteers and/or participants, such as warning against the dangers and educating its volunteers on how to handle potential problems. Nevertheless, I understand that these matters are largely, and at times, entirely beyond the control or influence of MSK, and therefore, represent risks that I must seriously consider in executing this release and waiver. I further understand that there may be a risk of accident, injury, illness or loss of personal property in connection with my participation in MSK events and agree to assume such risks.

I hereby waive, release and discharge any and all claims of damages for death, illness, personal injury or property loss which I may have, or which may hereafter accrue to me against I Am My Sister’s Keeper, their directors, officers, employees and agents and their local affiliates, other sponsors, promoters, and their respective directors, officers, employees and agents, arising out of or in connection with my participation in the service program referenced above. I agree that this waiver, release, and assumption of risks are to be binding on my heirs and assignees.

I hereby grant MSK permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, including website entries, without payment or any other consideration.

________________________________________  ____________________________  ____________
Printed Name                                      Signature of Volunteer          Date

FOR ALL MINORS:
If the volunteer is under eighteen (18) years of age, the terms and conditions of this waiver and release are agreed to by the volunteer’s parent or guardian as evidenced by the parent's or guardian's signature below on behalf of the volunteer.

________________________________________  ____________________________  ____________
Printed Name of Parent/Guardian                  Signature of Parent/Guardian       Date