



SCOPE Education Services
100 Lawrence Avenue
Smithtown, NY 11787
(631) 360-0800

VOLUNTEER APPLICATION

The mission of SCOPE Education Services is to provide programs and services to school districts, superintendents, school board members, school administrators, teachers, students and community members that offer opportunities to improve education. We encourage the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will help us find the most satisfying and appropriate volunteer opportunity for you. We thank you for your interest in our organization.

PERSONAL INFORMATION

Name

Address

City, State, Zip Code

Home Phone/Cell Phone

E-mail Address

Have you ever been convicted of any offense other than a minor traffic infraction or are there any charges pending against you at this time? Yes ☐ No ☐ If yes, please explain on a separate sheet, citing date, offense and disposition of case.

Are you over 18 years old? Yes ☐ No ☐ If no, please provide date of birth: ____/____/____

Please let us know why you wish to volunteer with us.

Previous Employment and/or Volunteer Experience – please describe below.

Special Skills or Qualifications

Special Skills or Qualifications: these can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer?

Please turn over and complete the reverse side of this application.

REFERENCES

Provide the names of three persons (not including relatives) who know of your skills, abilities and reputation, e.g., a teacher, coach, counselor, or employer:

Name of Reference	Relationship	Mailing Address	Phone Number

In which enrichment program are you planning to volunteer? Based on the program, please list dates and times available:

Program: _____

Availability dates and times:

In case of emergency contact: _____ Phone: _____

As a volunteer of SCOPE Education Services, I knowingly and voluntarily agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any negligence, accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward. I am over the age of eighteen (18) years old.

Signature of Applicant

Date

If you are under 18, please have your parent or guardian complete the section below.

Parental/Guardian Consent Form:

I hereby allow my son/daughter/minor, for whom I am the guardian, to participate to volunteer for SCOPE Education Services. I understand that his/her services are being offered on a voluntary basis. I further understand that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any negligence, accident, injury or health problem which may arise from any volunteer work performed by my son/daughter/minor for the organization. As a volunteer of SCOPE Education Services, I knowingly and voluntarily agree to abide by the policies and procedures.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____