

Children's Dyslexia Centers, Inc.  
**Volunteer Worker Application**

Center No. \_\_\_\_\_

Center: \_\_\_\_\_ Date: \_\_\_\_\_  
(Name)

**— Contact Information —**

Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Emergency contact: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Prior addresses, if any, for the last 5 years and length of time at each address:  
\_\_\_\_\_  
\_\_\_\_\_

**— Employment Profile —**

Occupation: \_\_\_\_\_ ☐ Check box if retired  
Employer: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**— Volunteering Interests & Availability —**

Type of volunteer work in which you are most interested:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Organizing/Planning | <input type="checkbox"/> Committee Work      | <input type="checkbox"/> Fundraising      |
| <input type="checkbox"/> Special Projects    | <input type="checkbox"/> Typing              | <input type="checkbox"/> Answering phones |
| <input type="checkbox"/> Receptionist/Filing | <input type="checkbox"/> Computer/Data Entry | <input type="checkbox"/> Art/Graphics     |
| <input type="checkbox"/> Writing/Editing     | <input type="checkbox"/> Tutoring            |   |
| <input type="checkbox"/> Other _____         |  |   |

Day and times available:

Monday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Tuesday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Wednesday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Thursday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Friday	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		

Type of commitment you wish to make:

☐ Ongoing

☐ Short Term

☐ On-call (special projects)

☐ Other \_\_\_\_\_

Pertinent educational or volunteer experience: \_\_\_\_\_  
\_\_\_\_\_

**— Academic History —**

What is the highest grade you have completed? \_\_\_\_\_

Name and location of High School attended: \_\_\_\_\_  
\_\_\_\_\_

Name and location of College attended: \_\_\_\_\_  
\_\_\_\_\_

**— Disclosure Requirement —**

Have you ever been convicted of any felony or misdemeanor offenses for any of the following?

☐ Yes ☐ No The possession, use or transfer of alcohol

☐ Yes ☐ No The possession, use or transfer of illegal drugs

☐ Yes ☐ No Crimes in which the victim or accomplice was a minor

☐ Yes ☐ No Activities in which you physically or sexually abused anyone, male or female, or condoned such abuse by others

☐ Yes ☐ No Activities in which you were involved in the creation, possession, use or transfer of pornographic materials

☐ Yes ☐ No Any other offense not mentioned above

If "Yes" to any of the above, list and explain all such felony and misdemeanor convictions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Yes ☐ No Has any adverse action been taken by any organizations, schools, churches or day care centers against you while you were an employee or volunteer for such organization or entity?

If "Yes", list and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Yes ☐ No To the best of your knowledge and belief are there any facts or circumstances involving you or in your background that would call into question being entrusted with the supervision, guidance and care of young people?

If "Yes", list and explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**— References —**

List three people who have known you for at least the last five years who we may contact if more information is needed about you:

Name: \_\_\_\_\_ Connection: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Connection: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Connection: \_\_\_\_\_

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**— Applicant's Certification and Statement —**

*(NOTE: It is unlawful in Massachusetts to require or administer a lie detector as a condition of employment and an employer who violates this law is subject to criminal penalties and civil liabilities.)*

I certify that the information given herein is true and complete to the best of my knowledge.

I authorize the investigation of all information given herein, including the investigation of all current and prior employment listed above, as may be necessary to arrive at an employment decision. I understand that this Profile is not, and is not intended to be, a contract of employment and that any employment is strictly "at will."

I hereby release any party investigating the information provided by me in this profile, as well as any party providing information about my background, from any and all claims and damages in connection with the investigation or verification of such information.

In the event of employment, I understand that false or misleading information given in this Profile may result in my discharge.

Signed: \_\_\_\_\_

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

*(Applicant)*

**— Disposition of Application —**

☐ Approved    ☐ Not Approved

If not approved, reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_

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

*(Director of Operations)*