



Thank you for your interest in becoming a volunteer at Chapel Hill Academy!

1. Please complete the volunteer application and submit online. Please be informed that Chapel Hill Academy requires a background check on all volunteer applicants. The safety of the families and children we serve is our highest priority. An extensive background check will be required for client/child facing opportunities.
2. Once your application is processed and we find you are a good fit, we will follow up with you about next steps and to schedule an interview.

Questions may be directed to twebster@lenapope.org.

VOLUNTEER APPLICATION

Date: _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City _____ Zip _____

Phone: _____ Email: _____

Date of birth: _____

Occupation: _____

Employer: _____ Work schedule: _____

Can we call you at work? _____ Work Phone: _____

Education Completed: High School _____ College _____ Post-Graduate _____

Are you bilingual? _____ If yes, what language(s) _____

Special trainings (if any): _____

Emergency Contact:

| Name | Relationship | Primary Phone |
|------|--------------|---------------|
| | | |

List all current and/or past volunteer experience:

| Organization | Position | Dates |
|--------------|----------|-------|
| | | |
| | | |
| | | |
| | | |

Please indicate your areas of interest (up to 4):

| | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Holiday/Special Events | <input type="checkbox"/> | Special Skills (photography, art, yoga, etc.) |
| <input type="checkbox"/> | Cafeteria/Library | <input type="checkbox"/> | Sports/Extracurriculars |
| <input type="checkbox"/> | *Academic Tutoring/Reading or Mentoring | <input type="checkbox"/> | Administrative (filing, copying, etc.) |
| <input type="checkbox"/> | *Hosting a school club (yoga, chess, art, improv, etc.) | <input type="checkbox"/> | Other, please list |

***Client facing opportunity. Requires additional training.**

What do you enjoy doing? _____

What do you **not** enjoy doing? _____

Do you have any special skills? _____

How did you hear about Lena Pope? _____

Why are you interested in volunteering at CHA? _____

Are you a family member or friend of a scholar at Chapel Hill Academy? _____

If yes, please state relationship _____

****If you desire to work with people or children, please answer the following:***

| | | | | |
|---|--------------------------|-----|--------------------------|----|
| *Have you ever been charged with a felony or misdemeanor offense? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| *Have you ever been convicted of a felony or misdemeanor? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

*If yes, do you currently have any criminal charges pending? Please explain: _____

*What experience do you have working with children? _____

*Is there an age range for children that you prefer to work with? _____

| | Days and times are available to volunteer (check all that apply) | | | | |
|-----------|--|---------|-----------|----------|--------|
| | Monday | Tuesday | Wednesday | Thursday | Friday |
| Morning | | | | | |
| Afternoon | | | | | |
| Evening | | | | | |

Please note that we do not currently offer weekend opportunities.

How often do you want to volunteer? Weekly Bi-weekly Monthly

I hereby certify that all statements and representations made in this volunteer application are true and correct and have been given voluntarily. I authorize Chapel Hill Academy to run a criminal history check, and/or a driver's license check, and I release Chapel Hill Academy from any liability based on the information received. I also understand that Chapel Hill Academy has the right to deny my application for any reason.

Signature

Date



BACKGROUND CHECK FORM

| | | |
|---|---------------|------------------|
| Name (Last, First, Middle): | | |
| Other Names Used (Maiden, Married, etc.): | | |
| Race/Ethnicity: <input type="checkbox"/> African American <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> Other | | |
| Date of Birth: | | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Driver's License Number: | State Issued: | Expiration Date: |
| Have you lived in any other states or counties within the last 5 years? If yes, please list. | | |

****Lena Pope will not share your personal information with outside entities or perform credit checks.***



CONFIDENTIALITY STATEMENT

As part of the day-to-day activities involved in the operation of Chapel Hill Academy, I understand that issues arise of a confidential nature involving scholars and their treatment of care. The confidentiality of information regarding these scholars and their care is a serious issue, and Chapel Hill Academy requires that all personnel/volunteers involved maintain this confidentiality. This is not only a Chapel Hill Academy policy but is covered by federal regulations as well.

By signing below, I understand that the confidentiality of these matters is of the utmost importance, and I agree to respect that confidentiality. I agree that all information received or heard regarding the scholar in care or served by Chapel Hill Academy will be kept in strictest confidence. I further understand that any violation of the confidentiality issue not only violates Chapel Hill Academy policy, but federal laws as applicable.

SIGNATURE

DATE

PRINTED NAME



WAIVER AND RELEASE OF LIABILITY FORM

In consideration of the risk of injury that exists while participating in volunteering at Chapel Hill Academy; and in consideration of my desire to participate in said activity and being given the right to participate.

I hereby, for myself ("Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter the waiver and release of liability and hereby waive all rights, claims or causes of action of any kind arising out of my participation in the activity; and

I hereby release and forever discharge Chapel Hill Academy, their affiliates, managers, staff, volunteers, (collectively "Releasees"), from any physical injury that I may suffer as a direct result of my participation in the activity. I am voluntarily participating in the activity, and I am participating in the activity entirely at my own risk. I understand that injury may arise from my own or others' negligence, conditions related to travel to and from the activity, or from conditions at the activity location(s). Nonetheless, I assume all related risks, both known and unknown to me, of my participation in this activity.

I further agree to indemnify, defend, and hold harmless the Releasees against all claims, suits, or actions of any kinds whatsoever for liability, damages, compensation or otherwise brought on by me or anyone on my behalf, including attorney's fees and any related costs.

In the event that I should require medical care or treatment, I authorize Chapel Hill Academy to provide all emergency care deemed necessary, including but not limited to first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I hereby acknowledge that I have carefully read this "WAIVER AND RELEASE OF LIABILITY FORM" and fully understand that it is a release of liability. I expressly agree to release and discharge Chapel Hill Academy and all its affiliates, managers, members, attorneys, staff, volunteers, representatives, and assigns from all claims or causes of action and I agree to voluntarily give up or waive any right that I otherwise have to bring a legal action against Chapel Hill Academy for personal injury or property damage.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the party of Chapel Hill Academy and its staff.

I agree that this release shall be governed for all purposes by State of Texas law, without regard to any conflict of law principals. This release supersedes all previous oral or written promises or other agreements.

SIGNATURE

DATE

PRINTED NAME



MEDIA RELEASE FORM

I, _____, hereby grant my permission to Chapel Hill Academy to use all photographs/videos taken of me or submitted by me for the purpose of Chapel Hill Academy marketing and public relations efforts including, but not limited to: event invitation and marketing, publication in newsletters and/or the Lena Pope website and various social media platforms. I give Lena Pope permission to edit any text shared as needed for publications as well.

This permission is granted without restriction. I agree to hold harmless Chapel Hill Academy, and any representative or contractor of Lena Pope from any claim, lawsuit, or future liability concerning these photographs, videos, and/or testimonials. Please sign below if you give permission for Lena Pope to use photographs/videos and text testimonials of you for publication or other legitimate purpose at the discretion of the Lena Pope staff.

SIGNATURE

DATE



References-List only those you have known at least 2 years. Do not list family members.
(Please list other school systems you do business with, if applicable)

Company: _____ Contact: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

Company: _____ Contact: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

Company: _____ Contact: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____

Company: _____ Contact: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____ E-Mail: _____