



**UPPER ROOM
YOUTH CENTER**

101 W Front St.
Delphi, IN 46923

Volunteer Application

Name _____ **Birthdate** _____

Address _____

Phone (home) _____ **Phone (mobile)** _____ **Phone (work)** _____

Teaching License* _____

**(for past/presently licensed educators that wish to tutor, please attach a copy of your license)*

Grade Preference Middle School: _____ High School: _____

Preferred Days and Times to Mentor (Please check available days and write the time available)

Monday: _____ Time: _____

Tuesday: _____ Time: _____

Wednesday: _____ Time: _____

Thursday: _____ Time: _____

Friday: _____ Time: _____

Area of Interest (please check all areas you are interested in)

Activities: _____ Culinary: _____ Life Skills: _____ Field Trips: _____ Tutoring: _____

Childcare for volunteers: _____ URYC Building Maintenance: _____ URYC Center Renovations: _____

For the following statements, please circle a number with 1 being the least preferable and 5 being most preferable.

Comfort level working on reading skills with a student

1 2 3 4 5

Comfort level working on math skills with a student

1 2 3 4 5

Desire and ability to work with a more challenging student (ex. Emotional instability, discipline issues, etc.)

1 2 3 4 5

Previous Experience Working with Youth (Please list any relevant experience working with youth)

Do you have any other gifts or abilities that would assist us with providing you the most compatible mentor/mentee relationship possible? (Ex. Fluent in Spanish, experience working with handicapped students, etc.)

I voluntarily and knowingly, give Upper Room Youth Center permission to perform a criminal background check on me. I also release the Upper Room Youth Center of any liability associated with the criminal background check procedures or results.

Applicant signature

Date

URYC BACKGROUND CHECK VOLUNTEER INFORMATION SHEET

Full Name: _____ Alias': _____

Current Address: _____
(Street, City, State, Zip)

How Long? _____ Email: _____
(Month, Year to Current)

Previous 7 Years Address (if same as above write same)

(Street, City, State, Zip)

How Long? _____
(Month, Year to Month, Year)

(Street, City, State, Zip)

How Long? _____
(Month, Year to Month, Year)

(Street, City, State, Zip)

How Long? _____
(Month, Year to Month, Year)

Date of Birth: _____ Social Security#: _____

Driver's License#: _____

I hereby give permission and consent to the Upper Room Youth Center to do a complete Federal, State, and Local Background Check to comply with all requirements as a volunteer of the Upper Room Youth Center. I affirm that the above information is true and accurate to the best of my knowledge.

Applicant signature

Date



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