



VOLUNTEER APPLICATION

DATE: _____
 165 PULASKI ST. ATHENS, GA 30601
 706.559.4426

Volunteer applications and the sensitive information contained within will be held in a secured, locked area of Downtown Ministries' office.

APPLICANT INFORMATION			
First Name:	Middle:	Last:	
Title: (Circle One) Dr. Rev. Mr. Mrs. Ms.	Nickname:		
Street Address:		Apt/Unit:	
City:		State:	Zip:
Phone:	T-shirt size:		
Email address:	Best way to reach you:		

EXPERIENCE/EDUCATION AND SKILLS	
Current employment status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Not Employed	
Employer:	
Current or most recent paid position held:	
Are you currently a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate what year you are currently in:
If yes, please indicate school and concentration:	Areas of study:
Do you speak any other languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list language: _____ <input type="checkbox"/> Fluent <input type="checkbox"/> Semi-Fluent <input type="checkbox"/> Basic

PERSONAL INFORMATION	
How did you find out about Downtown Ministries?	
Why are you interested in volunteering with Downtown Ministries?	
Have you been charged with or convicted of any criminal offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain and include the county and state of criminal offense: _____ _____ _____
Have you been charged with or convicted of child abuse or sexual abuse or been involved in any activities related to molesting or abusing children/youth? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain and include the county and state of offense: _____ _____ _____



VOLUNTEER BACKGROUND CHECK AUTHORIZATION

PART 1: To be Completed by Applicant

I, _____, hereby authorize Downtown Ministries, Inc. of Clarke County and its agents or representatives to make an independent investigation of my background, criminal or police records, including those maintained by both public and private organizations and all public records, for the purpose of confirming the information contained on my application and obtaining other information that may be material to my qualifications for volunteering now and, if applicable, during all periods of time which I am Volunteering for Downtown Ministries. Results of the completed report will be the sole property of Downtown Ministries and will remain personal and confidential.

I hereby release Downtown Ministries, Inc., Downtown Academy, and its agents and any other person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims, and law suits in regards to the information obtained from any and all above referenced sources used.

Signature: _____

Date: ____/____/20____

Last Name:	First Name:	Middle Name:
*Social Security Number:	*Date of birth (MM/DD/YYYY):	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
*Driver's License Number:	Issuing State:	
Please list all resident addresses for the past seven years. Use additional paper if necessary.		
Current Street Address:	City, State, Zip, County:	How long have you lived there? (Month, Year – Month, Year)
Prior Street Address:	City, State, Zip, County:	How long did you live there? (Month, Year – Month, Year)
Prior Street Address:	City, State, Zip, County:	How long did you live there? (Month, Year – Month, Year)

*This information is required for identification purposes only and is in no manner used as qualifications for volunteering.

PART 2: To be completed by the Downtown Ministries staff member making the search request.

Name of Organization Representative: Kayla Oakley	Title: Executive Administrator	Organization Name: Downtown Ministries, Inc.
Organization Address: 165 Pulaski Street	City, State, Zip: Athens, GA 30601	County: Clarke
Telephone Number: 706.559.4426	Alt. Number:	Account #:
Please indicate the search(s) you want completed for the identified applicant: <input type="checkbox"/> Federal Criminal Background Check <input type="checkbox"/> Motor Vehicle Record		



VOLUNTEER CODE OF CONDUCT

Please initial **one** of the following:

_____ I **give** permission for Downtown Ministries to use photographs and videos of me for promotional purposes and materials.

_____ I **do not give** permission for Downtown Ministries to use photographs and videos of me for promotional purposes and materials.

It is expected that upon completing the application and orientation process, all volunteers of Downtown Ministries should conduct themselves in a manner that represents the vision and mission of Downtown Ministries when interacting with individuals who are also involved in the organization, at both Downtown Ministries and non-Downtown Ministries events or programs.

In accordance with this expectation, I agree to the following:

- I will attempt to fulfill to the best of my ability the required commitment of volunteering for 12 weeks (or one semester) for a program.
- If I cannot honor my volunteer commitment for any given day or event, I will immediately notify a staff member as far in advance as possible so that he or she may have time to make appropriate arrangements.
- I will accept the staff's leadership, guidance, and decisions.
- I will honor the privacy of Downtown Ministries' participants and family members.
- I have read the Downtown Ministries Volunteer Manual and understand my role as a volunteer.

Signature: _____ Date: ____/____/20____

Print Name: _____

**If you decide you do not wish to give permission for Downtown Ministries to use any photos or video of you in promotional materials, you may request to opt-out.*



VOLUNTEER PROGRAM APPLICATION

This chart gives general opportunities that are available throughout the year.
 Please note that there may not be an opening in each position at all times.
 However, we will do our best to place you in a position that meets your desires and our needs!

PROGRAM	DAYS	SEASON
DOWNTOWN FALCONS		
FOOTBALL	Tuesday, Thursday: Practice (6pm – 8pm) Saturday: Practice until 1 st Game (10am-12pm) Games (9am- 4pm)	July – October; November (Playoffs)
BASKETBALL	Practice times vary depending on age group Saturday: Games	December – March
CHEERLEADING	Tuesday, Thursday: Practice (6pm – 8pm) Saturday: Games (Daytime)	August – November
GYMNASTICS	Monday: Practice (6pm-8pm) Competitions throughout the season	January – April
TENNIS	Wednesday: Practice (6pm – 7:30pm)	Fall and Spring
DOWNTOWN LIFE		
AFTER-SCHOOL PROGRAM	Monday-Friday: 3:15 – 5pm	August - May
DOWNTOWN ACADEMY		
LUNCH BUDDY	Monday–Friday: 30 min. visits; 11:30am – 1pm Limited Availability	August - June
ACADEMIC TUTORING	As needed Monday–Friday: 8am-3pm Limited Availability- Please include a description of previous tutoring experience	August - June
ADMINISTRATIVE SUPPORT	As needed Monday–Friday; Between 7am-4pm	As needed all year
CHAPERONES	As needed Monday – Friday	August - June

HOW WOULD YOU LIKE TO VOLUNTEER?



VOLUNTEER DRIVER APPLICATION FORM

- Please indicate whether or not you wish to be a driver for any Downtown Ministries programs or events.
- A new application form must be completed each year and submitted with a copy of your current driver's license and current automobile insurance card. Volunteer drivers are required to have liability insurance.
- Completed applications must be submitted for approval to a Downtown Ministries' staff member before a volunteer may provide transportation to any participant for a Downtown Ministries event or activity.

Yes___ No___ Do you wish to drive for any Downtown Ministries event or activity?

Signature: _____ Date: ___/___/20___

Print Name: _____

If you wish to drive, please complete the remainder of the Driver Application Form.

SECTION I—VOLUNTEER DRIVER HISTORY

- Yes___ No___ Have you been in an accident in the last three years? If you answered YES, please describe the accident and its cause on another sheet of paper and attach it to this form.
- Yes___ No___ Have you been ticketed for moving violations within the last three years? If you answered YES, please describe the infractions on another sheet of paper and attach it to this form.
- Yes___ No___ Have you been convicted for DWI/DUI of alcohol or drugs, or had your license suspended for moving violations, hit and run, eluding an officer, reckless or negligent operation of a vehicle, or drinking while under suspension or revocation? If you answered YES, please describe the circumstances and the time frame of the infractions on another sheet of paper and attach it to this form.
- Yes___ No___ Are you licensed to drive a commercial vehicle (such as a school bus)?

SECTION II—INFORMATION FOR VOLUNTEER DRIVERS

Any volunteer who is interested in being a driver for Downtown Ministries must complete each component of the Volunteer Driver Application Form and submit all required documentation:

- A copy of a valid driver's license should be submitted by July 15 of each year.
- A copy of current automobile insurance coverage should be submitted by July 15 of each year.
 - A volunteer's automobile insurance policy will be the primary insurance coverage for the volunteer (driver), the volunteer's vehicle, and all occupants of the volunteer's vehicle.
 - Any changes in the insurance provider or policy coverage should be submitted within 15 days of the effective date of the new policy change.

Volunteer drivers must also be aware of the following policies for transporting program participants:

- Volunteer drivers may only provide transportation to those Downtown Ministries participants who have a current, signed parental/guardian consent form on file.
- Volunteer drivers are expected to obey all traffic laws.

- During transport, all participants must be seated and secured with an individual working seatbelt. No “double belting” of children is permitted.
- If a volunteer driver receives a citation while transporting any Downtown Ministries’ participant(s), it is considered an “incident.” The volunteer must adhere to the Incident Reporting Policy (see Policy B, page 12) which states that the volunteer should immediately notify the Program Director to which the participant(s) belong(s) and submit an Incident Report within 24 hours of the occurrence. Additionally, a copy of the citation should be submitted with the completed Incident Report.
 - Documented incidents of speeding or unsafe driving may result in formal review by the Executive Director and loss of future driving privileges.
- Volunteer drivers are asked to exercise authority and proper guidance over the participants they transport while also carrying out the mission of Downtown Ministries. Volunteers should monitor conversations and music/lyrics for appropriateness, and redirect if necessary.
- The safety of all volunteers and participants is of utmost importance. Volunteers should report any injuries, illnesses, discipline problems, or other concerns to the respective Program Director.

Further, according to Georgia law on safety restraints for children (O.C.G.A. 40-8-76):

- Every driver who transports a child under 8 years of age shall provide for the proper restraint in a child passenger restraining system, such as a car seat or booster seat, that is appropriate for the child’s height and weight.
- Any child who is under 8 years of age or whose height is less than 4’9” (57 inches) should ride in the backseat of a motor vehicle and use a passenger restraining system.
- A child under 8 years of age may only be in the front seat when the vehicle has no rear seating position appropriate for correctly restraining a child, or all appropriate rear seating positions are occupied by other children.

SECTION III—DECLARATION AND SIGNATURE

I have read this application form and understand the Requirements and Responsibilities as stated herein. I affirm that I will carefully transport participants under my care to the best of my ability, including obeying all traffic laws. I will notify the Executive Administrator if I wish to be removed from the Approved Volunteer Driver List. The information given on this form is true and correct to the best of my knowledge.

Signed _____ Date _____

Print Name: _____

**PLEASE ATTACH A COPY OF YOUR LICENSE AND CURRENT VEHICLE INSURANCE CARD
AS WELL AS AN EXPLANATION FOR ANY “YES” ANSWERS
TO THE BEGINNING QUESTIONS ON THIS FORM.**

**IT IS YOUR RESPONSIBILITY TO UPDATE THESE ITEMS
AS THEY CHANGE THROUGHOUT THE YEAR.**



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RECEIPT OF POLICIES AND PROCEDURES

Copies of Downtown Ministries Policies and Procedures are provided at Volunteer Training and can also be found on our website. Please wait to sign this form until you have accessed those policies.

I have this day received a copy of Downtown Ministries' Volunteer Policies and Procedures, and I understand that I am responsible for reading the policies and practices described within it.

I AGREE TO ABIDE BY THE POLICIES AND PROCEDURES CONTAINED IN THIS DOCUMENT. I UNDERSTAND THAT THE POLICIES, PROCEDURES AND BENEFITS CONTAINED IN THIS DOCUMENT MAY BE ADDED TO, DELETED, OR CHANGED BY DOWNTOWN MINISTRIES AT ANY TIME. I UNDERSTAND THAT NEITHER THIS DOCUMENT NOR ANY OTHER WRITTEN OR VERBAL COMMUNICATION BY ANY PROGRAM DIRECTOR OR OTHER DOWNTOWN MINISTRIES STAFF MEMBER IS INTENDED TO IN ANY WAY CREATE A CONTRACT OF EMPLOYMENT.

I UNDERSTAND THAT MY VOLUNTEER INVOLVEMENT IS AT-WILL, WHICH PERMITS DOWNTOWN MINISTRIES TO TERMINATE THE RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT NOTICE. NOTHING IN THIS HANDBOOK IS INTENDED TO GUARANTEE VOLUNTEER INVOLVEMENT FOR A SPECIFIC DURATION. DOWNTOWN MINISTRIES WILL NOT MODIFY THEIR POLICY OF INVOLVEMENT-AT-WILL IN ANY CASE.

If I have any questions regarding the content or interpretation of this document, I will bring them to the attention of a Downtown Ministries' staff member.

Signed _____ Date _____

Print Name: _____