

VOLUNTEER COMMITMENT APPLICATION

		Date:			
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First Name:	Last Name:				
Address:	City:	_ State: Zip Code:			

Phone#: _____

VOLUNTEERS CAN EXPECT A COMMITMENT FROM THE E.O.Y.D.C. STAFF TO PROVIDE THE FOLLOWING

- Supervision and direction with assignment clearly defined
- Training on assignments as required
- Recognition for volunteers at annual events. Being part of the E.O.Y.D.C. team that strives for excellence in bringing quality local government services to the community
- Letter of reference (upon request) within a reasonable amount of time
- An environment in which the Volunteer is treated as a valued asset and receives the same work standard as the paid staff. Note: Volunteers will supplement staff, not replace them

COMMITMENT STATEMENT

AS A VOLUNTEER FOR THE EAST OAKLAND YOUTH DEVELOPMENT CENTER I COMMIT TO DO THE FOLLOWING:

- Comply with all EOYDC policies and procedures
- When sick or unable to attend work, I will notify EOYDC staff within at least two (2) hours prior to start of shift or by message at the beginning of the business day.
- Sign in and out on the Time Sheet daily.
- Immediate Supervisor signs off on hours worked.
- Once assignment is completed, report to administration to be redirected or to be given a new assignment.

AVAILABILITY AND PERFORMANCE STATEMENT

• I am available during these hours on these days

Mon	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

I can be called upon to provide volunteer hours on a same day basis on these days I have stated availability Yes____ No ____ (Note: In the event EOYDC staff needs same day volunteer services, we will call you at the start of the business day to check your availability)



• I am not able to perform my work assignment without stipulated limitations. I will need the following assistance:

• Please List education status:

High School Student _____ GED Recipient _____ College Student Note: We encourage all individuals to enhance themselves educationally and welcome you to take advantage of the educational opportunities we provide.

• Please briefly state your employment background (i.e. specialized skills, general work experience)

Please list 2 references:					
Name Phone	Address Occupation				
Name Phone	Address Occupation				

Please check on below:

_____I <u>do not</u> have any prior felony conviction(s) that will prohibit my interaction with youth. _____I <u>do</u> have prior felony conviction(s) that will prohibit my interaction with youth.

I CERTIFY THAT ALL STATEMENTS I HAVE MADE ON THIS APPLICATION ARE TRUE AND CORRECT. I HEREBY AUTHORIZE THE EAST OAKLAND YOUTH DEVELOPMENT CENTER TO INVESTIGATE THE ACCURACY OF THIS INFORMATION FROM ANY PERSON OR ORGANIZATION.



ABUSE PREVENTION CHECKLIST FOR VOLUNTEERS

Never take a child home

Never be alone with a child

Treat each child fairly and respectful

Never give any child personal information (i.e. your home phone number, email,

address & etc.)

Never use malicious language toward the children.

Do not take actions into your own hands regarding conflict resolution (i.e. hit, slap,

or hold any child)

Be patient with all participants.

Do not give the participants money

Never go into restrooms with children

Never escort participants off Center grounds.

Print Name

Signature



Name:	_ ID#	Period Date:
Department:	Job Description Titl	e:
Supervisor:	Title:	

Only one volunteer per timecard. Time cards are submitted to volunteer program at the end of each period. Even if no hours were recorded, please continue to submit timecard.

Date	Time	Time	Time	Time	Total	Vol. Init.	Super Init.	Comments
	In	Out	In	Out	Hours	Init.	Init.	