



Reading **ASSIST**[®] Institute

VOLUNTEER APPLICATION PACKET

100 West 10th Street, Suite 910, Wilmington, DE 19801

P: (302) 425-4080 • (888) 311-1156 F: (302) 425-4085

www.readingassist.org

Reading ASSIST[®] Institute

VOLUNTEER APPLICATION FORM

Please print or type all information:

Date _____

Name _____

Nickname _____

Address _____

City _____

State _____

Zip _____

Phone: Home (____) _____

Work (____) _____

Previous and/or Current Volunteer Experience:

E-mail _____

Agency

Position/Activity

Dates

Previous and/or current work experience:

Employer

Position/Assignment

Dates

Special interests, training, skills:

Please list your formal education level.

Education Level	Name of Institution	Dates Attended	Degree Received
High School			
College			
Graduate School			
Technical, Other			

It is the policy of RAI to affirmatively implement equal opportunity to all qualified applicants and existing employees without regard to race, religion, color, national origin, sex, age, disability, or on any other basis which would be in violation of any ordinance or law applicable to our organization. All personnel action-recruitment, selection, hiring, training, transfer, promotion, termination, compensation and benefits-conforms to this basic policy so as to further the principle of equal employment opportunity.

If applicable, please list all non-traditional educational experiences (for example: self-study, work experience, travels and study abroad, volunteer work etc.)

Have you ever worked with children? Yes _____ No _____

If so, please explain _____

Have you ever been convicted of a crime? Yes _____ No _____ If so, please explain briefly:

Please list two references (not related to you) who have known you for at least three years:

name _____ relationship _____

address _____ phone _____

name _____ relationship _____

address _____ phone _____

Emergency contact _____ phone _____

Please indicate the starting date of the class you wish to attend: _____

I understand that all volunteers who come in regular contact with Delaware students must submit to a limited criminal history record check and TB screening.

If accepted in the RAI volunteer tutoring program, I agree to complete the Initial Training Class to the best of my ability, and to complete the required practicum. If I am unable to meet this obligation, I agree to reimburse RAI for the cost of the course and my materials.

I certify that the information I have supplied is correct to the best of my knowledge. I grant permission to Reading ASSIST Institute to contact the references above and release RAI and others from any damages which may result from supplying the information requested.

Signature

Date

Please return the completed application to:

**Volunteer Program Manager
Reading ASSIST Institute
100 West 10th St., Suite 910
(302) 425-4080 Fax (302)425-4085**

Reading ASSIST® Institute
100 W. 10th St., Suite 910, Wilmington, Delaware 19801
(302) 425-4080 or 1-888-311-1156 Fax (302) 425-4085

Reference Request Form

_____ has applied to be a volunteer tutor with Reading ASSIST® Institute (RAI), a nonprofit organization that trains volunteers to teach the RAI multisensory structured language curriculum generally to children (5-13 years old) in a one to one setting. The applicant has provided you as a reference, and a signed authorization to obtain this reference is on file in our office. Please complete this form and return it to the above address within two weeks. Thank you.

Reference's Name: _____ Phone # _____

Group/ Company: _____ Title: _____

Address: _____

1. How long have you known the applicant and in what capacity?

2. Character/ Skill Evaluation

Listed below are desirable traits of a Reading ASSIST® Volunteer Tutor. Please evaluate and check the appropriate box.

	Excellent	Good	Fair	Unsatisfactory	Unsure
Works cooperatively on a team (including willingness to communicate with team members)					
Plans and prepares conscientiously					
Is dependable					
Carries activities to completion					
Follows through on commitments					
Patient with children					
Punctual					
Possesses a positive attitude					
Communicates skillfully (verbally)					
Communicates skillfully (in writing)					
Is flexible					
Takes pride in quality work					

3. Comments: (You may use the back of this sheet.)

Signature: _____ Date _____

Please feel free to contact Sue McGrath at Reading ASSIST Institute if you have any additional comments (302-425-4080 ext. 15). Thank you.

Volunteer Affiliations

THIS IS AN OPTIONAL FORM



Tutor Name: _____

Reading ASSIST Institute® relies heavily on networking within the greater community to spread the word about our programs. Could you please help us by listing your affiliations with any groups which may be interested in inviting a speaker from RAI to attend a meeting?

Some examples are;

Lions Clubs, service sororities or fraternities, religious organizations, and PTAs.

When families that we serve and volunteers in our program have a relationship with corporations, foundations, or organizations that are current or potential supporters of RAI, it can help us continue to receive funding to support the services we provide. Therefore, it would help us to know if you or your family is affiliated with any of the organizations listed below (**Check all that apply**):

- | | |
|---|--|
| <input type="checkbox"/> Christ Church | <input type="checkbox"/> Bank of America |
| <input type="checkbox"/> Wachovia | <input type="checkbox"/> Valero Energy |
| <input type="checkbox"/> Comcast Cable | <input type="checkbox"/> WSFS |
| <input type="checkbox"/> AstraZeneca | <input type="checkbox"/> Bank of New Castle/Discover |
| <input type="checkbox"/> JPMorgan Chase | <input type="checkbox"/> Verizon |
| <input type="checkbox"/> Wilmington Trust | <input type="checkbox"/> ING Direct |
| <input type="checkbox"/> Commerce Bank | <input type="checkbox"/> Citizen's Bank |
| <input type="checkbox"/> DuPont Company | <input type="checkbox"/> Gore |
| <input type="checkbox"/> Delmarva Power | <input type="checkbox"/> Other |

If affiliated, please describe relationship:

Reading ASISST Institute has my permission to use my name when corresponding with the organizations above.

Signature: _____ Date: _____

**DELAWARE DEPARTMENT OF EDUCATION
HEALTH QUESTIONNAIRE
FOR VOLUNTEERS**

All school employees are required to have a tuberculosis (TB) skin test. The purpose of this requirement is to safeguard school-aged children from exposure to TB in the school setting. In the same way, this questionnaire is designed to identify volunteers who MAY have been exposed to TB and thus need further screening. A school designee will collect and monitor the Health Questionnaire, which will be stored in the School Nurse's office in a confidential manner.

Please consider the following questions:

1. Have you ever lived or been in close contact with anyone who had TB disease?
2. Have you ever had a positive HIV test?
3. Have you ever used illegal intravenous drugs?
4. Have you ever been incarcerated?
5. Have you ever been homeless?
6. Do you currently have any of the following symptoms which are unexplained and which have lasted at least three weeks?
 - Cough
 - Fever
 - Night sweats
 - Weight loss
7. Consider the list of countries/continents below:
 - Africa
 - Asia, including China, Vietnam, Korea, Indonesia, India, Pakistan, Bangladesh
 - Eastern Europe, including Russia and former Soviet Union, Armenia
 - Haiti
 - Latin America, including Mexico, Guatemala, and South America
 - Pacific Islands, including Philippines

Were you born in one of these countries?

Have you ever stayed/lived in one of these countries for 1 month or longer?

Have you ever lived- or been in close contact with- someone who stayed/lived in one of these countries for 1 month or longer?

Can you answer "Yes" to any of the above questions? Yes No

If you checked "Yes" you are required to have a Mantoux test prior to your assignment as a volunteer.

Have you ever had a positive skin test for tuberculosis? Yes No

If you checked yes, you are required to provide documentation related to current disease status prior to your assignment as a volunteer.

These requirements are for the safety of our school and for your personal health. Screening for tuberculosis is recommended by health professionals for any individual who is at risk. Routine screening using, a Mantoux tuberculin skin test, can detect if a person has been exposed to tuberculosis. Such early identification is of great benefit in reducing the effects of disease.

If you have any questions about your risk of infection, please speak with your healthcare provider or plan to discuss it at your next examination. For additional information, you can contact the Delaware Division of Public Health TB Elimination Program at 302-739-6620.