

Office Use Only: Current Application Background Check Exp. Date _____


2024-25 Volunteer Application

Name: _____

Address:

City, State, and Zip Code:

Phone Number(s)

E-mail Address:

Are you 18 years or older? Yes No
(*IF YES, YOU MUST COMPLETE A BACKGROUND CHECK)

Circle your choices below:

Grade level(s) preferred: K 1st 2nd 3rd 4th

Please let us know what days and times you are available to volunteer:

Current Profession: *(If retired or not working, please list previous occupation)*

Special Skills, Interests or Hobbies:

Emergency Information

Name and phone number of person to be notified in case of an accident or emergency.

Emergency Source of Medical Care

Should we need to take you to the emergency room or hospital for treatment:

Preferred Hospital: _____

Conditions we should know about in case of an emergency (asthma, diabetes, allergies, etc.) Please describe: _____

Agreement and Signature

I certify that my answers are true and complete to the best of my knowledge.

I have read and received a copy of the Gentry's Educational Foundation Volunteer Handbook. I agree to abide by this document at all times.

I understand that as a volunteer, I will not be left alone with a student(s) at any time and that if I am over the age of 18, I am required to complete a background check in order to tutor with GEF.

In the event of an emergency and my emergency contacts cannot be reached, I give permission to Gentry's Educational Foundation personnel to obtain whatever medical treatment they deem necessary for me. I waive release and hold harmless Gentry's Educational Foundation, their employees and agents from all legal and financial responsibility and from all costs, injuries and/or other damages which might occur from the decision to provide medical treatment to me and from the choice of the provider of the medical treatment by Gentry's personnel. I authorize the use and disclosure of my health information for purposes of securing medical treatment.

Tutor Signature: _____ **Date** _____

Parent Signature (if under 18 years old) _____