



VOLUNTEER REGISTRATION PACKET

Dear Prospective Volunteer,

Thank you for your interest in becoming a volunteer for LEEP Forward or LEEP Beyond. We want to make it as easy as possible to enroll as a volunteer. Recognizing our high responsibility to our clients, we require that all who will be working with our clients—employees and volunteers—to undergo background checks. The forms attached will provide the information we need and will enable us to contact you about volunteer opportunities.

Lorell Marin, Founder and Executive Director
LEEP Forward, Inc. and LEEP Beyond, NFP

Below is a checklist and description of the forms which you must complete:

- **Enrollment Form** – Please provide as much information as possible about your interests, preferences, and availability. Submit this form to the school or program with which you will be volunteering.
- **Background Investigation Authorization and Release** – LEEP Forward and LEEP Beyond require that prospective volunteers undergo a criminal background investigation. Please make sure that you complete and sign this form. **No person can volunteer until a successful background check has been returned.** Submit this form to Erika Larson.
- **Release Form** – All prospective volunteers must be interviewed and approved by Erika Larson. Please complete the information that pertains to you. A Directors approval will be obtained when you are assigned. You must present an acceptable form of identification to the school principal. Submit this form to school or program with which you will be volunteering.
- *Will you be volunteering more than 5 hours per week?*
Yes ___ No ___
If Yes, the Certification of Freedom from Tuberculosis form must be completed by a health care provider. Submit this form to the school or program with which you will be volunteering.
- *Will your volunteering involve communication with a student through the Internet?*
Yes _____ No _____
If Yes, the school in which you are assigned must obtain permission from the student's parent/guardian using the Internet Permission form. Submit this form to the school or program with which you will be volunteering.

When these forms are complete, **the originals should be submitted to LEEP Forward, Inc.**

Thank you again for your interest in LEEP Forward, Inc. and/or LEEP Beyond, NFP. I hope you will find this a satisfying and rewarding experience.

VOLUNTEER ENROLLMENT FORM



Graduate Student

Preferred Assignment:

3-year-olds

4-year-olds

5-year-olds

Availability:

Entire School Year (September-July)

Summer Camp (Month of August) -----

Program/Short-term Project

Other:

Time Available:

Morning (----- to -----)
-----)

Afternoon (----- to -----)
-----)

Morning Days Available (check all that apply):

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday



Afternoon Days Available (check all that apply)

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

Number of Hours per Week:

I am interested in volunteering in:

- In-classroom therapies
- Classroom planning
- Organizational tasks
- Administrative tasks
- Academic planning
- Other:

I have special interests/experience/abilities in:

- Music
- Drama
- Art
- Yoga
- Other:

Have you ever volunteered with children before?

- No
- Yes (Where/When?)



Languages you speak other than English are:

Volunteer Name:

Volunteer Signature:

Date Completed:

Month Day Year

VOLUNTEER RELEASE FORM

Please be advised that I would like to participate as a volunteer to provide support and assistance to school personnel and clients.

I assume full responsibility for my actions and authorize the clinic personnel to act on my behalf in the event of an emergency situation.

I hereby release LEEP Forward, Inc. and/or LEEP Beyond, NPF members, employees, agents, and volunteers from any liability or claims arising out of or in any way connected with my volunteer activities.

Name:

First Middle Last

Address:

City State
Zip

Phone:



6. **STRICTLY** follow volunteer guidelines and therapeutic protocol. Physical discipline is absolutely prohibited. Ask the lead teacher or support staff for assistance with challenging behaviors.
7. **REPORT** immediately to staff any abusive or exploitive behavior towards a client.

II. Volunteers Take Pride in Being Professional

1. **MAINTAIN** a constructive attitude. Don't make negative comments about the clinic, its personnel, or the clients to other volunteers or individuals outside the clinic.
2. **BE PROMPT** and consistent in your attendance. Teachers depend on volunteers and plan their work accordingly. Clients depend on volunteers even more.
3. **NOTIFY** LEEP Forward as soon as possible if you must be late or absent. Call the lead teacher of your classroom during appropriate hours to inform of sickness or emergency or Thomas Wallace (Director of Operations) at thomas@leeforward.com as soon as possible if you become sick during the night.
4. **KEEP** an accurate record of your attendance by signing in each day you volunteer.
5. **ESTABLISH** and maintain good and frequent communication with your classroom's lead teacher and support staff.
6. **NEVER** be under the influence of drugs or alcohol.
7. **DO NOT** lend money, contribute, or solicit money for organizations while you are on school grounds.
8. **DO NOT** use the internet inappropriately. Internet should be used for work pertaining to LEEP only.

III. Health and Safety are Always Important

1. **ALERT** school staff immediately if any student has an accident while working with you.
2. **REFER** any student in need of first aid or any type of medication to a lead therapist or to a director.
3. **LEARN** and follow the fire drill procedures and all school rules.
4. **NOTIFY** the lead teacher or director of any accident you have on school grounds. An accident report must be filled out within 24 hours.
5. **ALERT** the director before volunteering if you have, or have been exposed to, a communicable disease.

Please remember that you must complete all screening and training requirements before you can become a volunteer. The program reserves the right to discontinue your volunteer service for any reason.

CERTIFICATION OF FREEDOM FROM TUBERCULOSIS

(To be completed only if you will be volunteering for five hours per week or more)

This is to certify that

(Full Name)

of

(Address)

is free of tuberculosis based on one of the following:



1. **TUBERCULIN TEST** given on

_____ at

(Date) (Name of Facility)

(Address of Facility)

RESULTS OF TEST:

Negative Positive:

2. **CHEST X-RAY** taken on

_____ at

(Date) (Name of Facility)

(Address of Facility)

RESULTS OF TEST:

Negative Positive:

PLEASE PRINT:

Physician's Name

Physician's Address

Physician's Signature

Date
