Application for Volunteer Service

Volunteer Opportunities

Check the areas in which you are interested in:

Assisting a child or teen with homework, reading, math or science ______ Age ______
Mentoring a teen __________ Boy _____ Girl _______ Age ______
Assisting with special events _____________ Type ______________________
Serve on a Committee __________________ Interest _______________________
Working in the office ________________________________________________
Other interests ______________________________________________________

Locations To Volunteer

Head Start:

Belmont Center
700 Parkwood Ave.
Charlotte, NC 28205
704-375-1417

Tryon Hills Pre-K
2600 Grimes Street
Charlotte, NC 28206
980-343-5510

Oakdawn
1920 Stroud Park Court
Charlotte, NC 28206
704-334-1974

Southside
2617 Baltimore Avenue
Charlotte, NC 28203
704-371-7455
St. John’s
300 Hawthorne Lane
Charlotte, NC 28204
704-372-1341

S. Jennings Educational Center
3320 Sharon Amity Road
Charlotte, NC 28205
980-355-0978

Avondale Member Application
Name ___________________________________________ Mr. Mrs. Miss or Ms.
Last __________ First __________ Middle __________
Address ___________________________________________ City _______ State/Zip _______
Social Security Number ______________________________ Email __________________________
Home Phone ______________ Work ______________ Cell __________

Emergency Contact
Name ___________________________________________ Mr. Mrs. Miss or Ms.
Last __________ First __________ Middle __________
Address ___________________________________________ City _______ State/Zip _______
Home Phone ______________ Work ______________ Cell __________

Personal or Professional References
Give the name, address, zip code and telephone number of one reference who are not related.
1. Name ___________________________________________ Mr. Mrs. Miss or Ms.
   Last __________ First __________ Middle __________
   Address ___________________________________________ City _______ State/Zip _______
   Home Phone ______________ Work ______________ Cell __________

Personal Data
Date of Birth __________/________/________ Are you currently a student? __________________
High School Graduate? __________________ If not, circle year 1 2 3 4
College Graduate? __________________ If not, circle year 1 2 3 4 Degree __________________
   Major __________________
Are you presently employed? __________________ If yes, name of employer __________________
Address ___________________________________________ Phone __________________
Do you have any special needs or health issues that we need to be aware of?

________________________________________________________

Application for Volunteer Service
Please list your community affiliations and/or volunteer experience

________________________________________________________

________________________________________________________
Which day(s) and time of the week is best for you to volunteer? (circle one)

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<th>Day</th>
<th>Morning</th>
<th>Afternoon</th>
<th>Evening</th>
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*Filling out this application does not guarantee a placement. Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age or sex.*

I understand that all volunteers are subject to all rules and regulations of Bethlehem Center.

Your signature indicates your approval for us to check references. It will permit us to do a criminal background check as well. Your signature also signifies that the above information is accurate and correct to the best of your knowledge.

________________________________________  ______________________________________
Signature                      Date

*Background checks and training are requirements for volunteers who will interact with BC children and youth.*

**Handling of Your Volunteer Application:**

**Social Security number and other Personal Information:**
1) In conducting the criminal background check, your information is entered directly into the First Advantage background check system, which is a closed system. It is not emailed to the background check company.
2) Your application is maintained under lock and key with the BC Program Director.

**Application Delivery Options:**
1) Place volunteer application in sealed envelope and leave at church office. Include the following on envelope: Avondale BC Application, Name, email address. Your application will be hand delivered to BC administrative personnel.
2) Or you may mail the application to: Ms. Pertricia Mattison, 2702 Norfolk Ave, Charlotte 28203.

**Additional Options:**
If you prefer, you may complete the full application and leave off your social security number. You can call Ms. Mattison (BC Human Resources) with your number and she will enter it directly into the background check system. Ms. Mattison’s telephone number is 704-371-7443.

**After Completing Successful Background Check:**
1) You will be notified by email that your application has been approved. You will be notified of BC training dates and Avondale Child Youth Protection training dates.
2) After training you will receive information about volunteer opportunities with the ABC Teen Center, BC K-5 classrooms, and other opportunities. (Note: Training is not required for Administrative volunteers.)