



You may return the application by:

- **EMAIL:**
READUNITED@UNITEDWAYCG.COM
- **HAND DELIVERY [Mon-Fri, 10am-3pm]:**
UWCG EDUCATION DEPT > Suite 101
277 Martin Luther King Jr. Blvd
Macon, GA 31201
- **U.S. MAIL:**
Read United (United Way of Central)
P.O. Box 1302
Macon, GA 31202

MUST INCLUDE A COPY OF YOUR ID/DRIVERS LICENSE WITH APPLICATION

RETURNING VOLUNTEERS DO NOT NEED TO COMPLETE PAGE-1

VOLUNTEER APPLICATION

Page 1

United Way of Central Georgia
PO Box 1302, Macon, GA 31202

MUST include a copy of ID/Driver's License with application

CONTACT INFORMATION

Name: _____
 Last First Middle Initial

Preferred Phone Number: _____ Email: _____

Current Address: _____
 Street City State Zip

Emergency Contact: _____
 Name Phone Relationship

List any medical conditions we may need to know about _____

EDUCATION: [Diploma or Degree] _____

PLEASE SELECT PROGRAM OF INTEREST:

- ☐ AARP Experience Corps Central Georgia (at least 2 hours a week)
 _____ I understand the commitment of the *Experience Corps program* and am at least age 50 or older.
- ☐ Read2Succeed (at least 1 hour a week)
 _____ I understand the commitment of the *Read2Succeed program* and am at least age 18 or older.
- ☐ Reading Pals (at least 2 hours a month)
 _____ I understand the commitment of the *Reading Pal program* and am at least age 18 or older.

CRIMINAL CONVICTION/ ADJUDICATION (Please read carefully)

Volunteers are required to participate in a criminal background and/or fingerprint check based on the policies/ procedures and conducted by the school district he/she is volunteering with. Existence of a criminal conviction may or may not, depending on the circumstances, disqualify you from consideration as a volunteer. However, any intentional misrepresentation or failure to disclose may disqualify you. Pending charges may result in a delay of application processing.

Have you ever been convicted of a crime or have a pending charge? ☐ Yes ☐ No

If yes, please provide the State that incident occurred and name of charge: _____

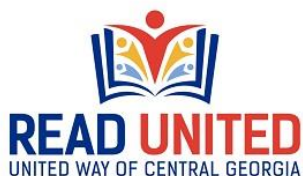
CERTIFICATION

I hereby consent and authorize Read United, a program under United Way of Central Georgia and affiliate of AARP Foundation Experience Corps, to contact anyone it deems appropriate to investigate or verify any information provided to discuss my suitability for a volunteer position; including my background, volunteer experience, education, or related matters. I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action, against anyone proving such information.

I further permit all authorized persons of the partner school district and law enforcement agencies to supply all information concerning my background and to furnish reports thereon and I hereby release United Way of Central Georgia and/or any organization affiliated with United Way of Central Georgia from any and all liability and responsibility arising from their doing so.

I certify that the responses to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any misrepresentation of fact in this application may result in refusal of or separation from volunteer service upon discovery thereof.

Signature: _____ Date: _____



COVID-19 Volunteer Safety Policy

Read United's COVID-19 Volunteer Safety Policy is intended to provide guidance for our community volunteers to encourage personal and public safety, while volunteering with Read United. Read United is a grade-level reading initiative of the United Way of Central Georgia and does not dictate the specific safety policies and procedures that school districts or community/business partners have in place. Read United's primary goal is to protect the community and our volunteers. This safety policy is shared to ensure the well-being of individuals who are serving in a Read United program, which includes the AARP Foundation Experience Corps, Read2Succeed, Reading Pals, and/or Shared Reading Celebrations, at a local school.

Individual volunteer responsibilities and considerations:

- Should not enter a school site with a fever or other signs of COVID-19 symptoms.
- Comply with and follow all local/state requirements and CDC guidelines regarding COVID-19.
- If exposed to COVID-19, immediately return home or remain home until local requirements for return to service have been met; and immediately notify Read United program staff to initiate our incident reporting protocol.

Volunteer acknowledgements *(initial by each statement)*:

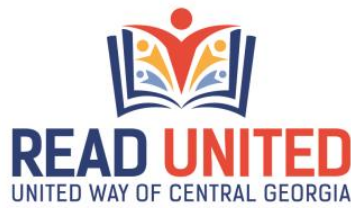
- _____ I feel comfortable providing in-person tutoring and elect on my own accord to volunteer.
- _____ I have taken and will continue to take the necessary precautions to preserve my health and protect anyone with whom I may come in contact through my participation in a Read United program.
- _____ While volunteering with Read United, I will follow all school district and school site safety policies and practices (i.e. wearing a mask if required, washing hands, social distancing, etc).

By signing below, I represent that I fully acknowledge and understand the contents of the above volunteer safety policy.

Volunteer's Name (Print)

Signature

Date



Child/Volunteer Safety Policy

United Way of Central Georgia places the safety of children as its highest priority. In support of this, volunteer members must undergo rigorous background testing prior to any interactions with children in the schools. In addition, tutors and mentors who participate in UWCG's Read United tutorial programs (AARP Experience Corps and Read2Succeed) are expected to subscribe to the following policies for the protection of both the child and the volunteer:

Avoid being alone with a child at any time. Volunteer members must stay within a line of sight of staff or other adults.

Follow the rule of three when accompanying children to the restroom. When you must take a child to the restroom, take groups of at least three. Stay outside the restroom at all times.

Never touch a child on any part of the body that a swimsuit covers. Physical touch is limited to holding a child's hand, an encouraging pat on the back, or returning a gesture, such as a hug, that a child offers.

Physical discipline is prohibited. Under no circumstances may a volunteer physically discipline a child.

Verbal and/or physical bullying is prohibited.

Do not contact children outside of school via phone, e-mail, text, or direct contact. A volunteer member should not contact a child outside of school at their own discretion. Limit interactions with those children to those directed by a Read United staff member and authorized school personnel.

Child Abuse and Mandatory Reporting

If a volunteer member, in his or her official capacity, *suspects or has reasons to believe* that a child has been abused or neglected, or has knowledge of, or observes a child being subjected to, conditions that would reasonably result in harm to the child, the volunteer member must report to the Read United staff member, who will follow the school district's protocol of the volunteer's suspicions and/or knowledge.

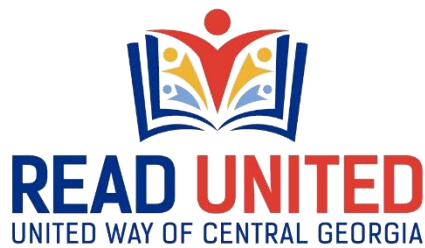
Additional requirements may be imposed based on applicable state laws. Information and training specific will be provided.

I confirm that I have read and understand the above policies and procedures:

Signature

Printed Name

Date



Volunteer Media Waiver and Release

I grant to the United Way of Central Georgia, AARP Foundation Experience Corps, and any of their affiliates, agents or licensees, the right to record my voice, to use my name, my photo, video footage of me, voice recordings, prepared remarks, and any quotes or story I provide to them (hereinafter referred to as the "Records"). The Records may be used in whole or in part, individually or together with other materials.

I understand that United Way of Central Georgia retains all ownership rights without the requirement of approval, notice or compensation; and that United Way of Central Georgia's right is irrevocable and perpetual. United Way of Central Georgia may publish, copy, and distribute the Records in any medium, including media not currently known but that are later developed.

I release and hold United Way of Central Georgia, AARP Foundation Experience Corps, and any of their affiliates, designees, agents or licensees harmless from all claims and demands arising out of or in any way connected with the Records, including without limitation any and all claims for invasion of privacy, infringement of my right of publicity, defamation, libel, and any other personal and/or property rights.

All statements that I make that are recorded and become part of the Records will reflect my honest opinions, beliefs and/or experiences, and any representations I make shall be true and accurate to the best of my knowledge.

My name and address and other contact information are listed with my signature below, and are correct as of this date. I understand that unless I expressly agree to allow any other use, my personal contact information will be used only for purposes of communications relating to this waiver and release, and for purposes of sending United Way of Central Georgia program-related communications.

Acknowledged and Agreed:

Volunteer:

Printed Name

Signature

Street Address

City, State, Zip

Telephone and Email

