

# Student Solutions CHECKLIST

- ☐ Download application

[www.forthegreatercause.org/student-solutions](http://www.forthegreatercause.org/student-solutions)

- ☐ Fill out full application

- ☐ Sign the Statement of Understanding

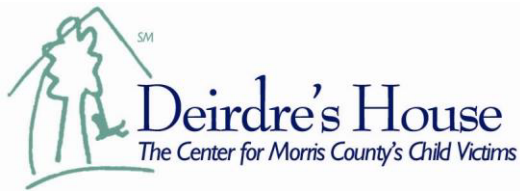
- ☐ Email/ Mail/ Fax to: Jaime Kaiser  
MDT/Program Coordinator  
Deirdre's House  
8 Court Street  
Morristown, NJ 07960  
Email: [Jaime@dobcac.org](mailto:Jaime@dobcac.org)  
Phone: 973-285-6316  
Fax: 973-829-8683

- ☐ Get Approved

- ☐ Then schedule when you want to Volunteer!

Volunteers will be emailed a link to a calendar where they can register to help for a 2-hour session on Sunday from 4-6 pm





## Homework Help Club Volunteer Application

Applicant Information				
<b>Full Name:</b>				<b>Date:</b>
	<i>Last</i>	<i>First</i>	<i>M.I.</i>	
<b>Address:</b>				
	<i>Street Address</i>			<i>Apartment/Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>	
<b>Phone:</b>		<b>Email:</b>		
<b>DOB:</b>				
<b>Are you bilingual?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Language:	
<b>Other Skills:</b>				
<b>Have you ever been convicted of a felony?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain:				
<b>Have you ever been substantiated for abuse by Child Protective Services:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, please explain				
Are you currently <b>working, retired, etc?</b>				
If working, where are you employed?				
<b>Are you currently in school?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Name of school:</b>		<b>Grade:</b>

### Tutoring/ Homework Help Subject Areas

<input type="checkbox"/> College prep exams: <input type="checkbox"/> PSAT <input type="checkbox"/> SAT <input type="checkbox"/> ACT	<input type="checkbox"/> Elementary School Subjects <b>Please indicate any specific subjects:</b>
<input type="checkbox"/> Middle School Subjects <b>Please indicate any specific subjects:</b>	<input type="checkbox"/> High School Subjects <b>Please indicate any specific subjects:</b>
<input type="checkbox"/> Other specific subjects not listed above:	

### Sunday Evening Availability

<b>Please indicate your Sunday availability:</b>
<input type="checkbox"/> on a weekly basis <input type="checkbox"/> occasionally as your schedule permits
<b>Please indicate when you are available to start:</b>

### OTHER VOLUNTEER EXPERIENCE

<b>Name of Organization:</b>		Dates:
Contact Person:	Phone:	May we contact: Yes / No
<b>Name of Organization:</b>		Dates:
Contact Person:	Phone:	May we contact: Yes / No
<b>Name of Organization:</b>		Dates:
Contact Person:	Phone:	May we contact: Yes / No
<b>Name of Organization:</b>		Dates:
Contact Person:	Phone:	May we contact: Yes / No

### EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Address:	Phone:

Are there any medical conditions that you would like us to be aware of?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, briefly explain and include any special accommodations you would need to volunteer at the center:	

Statement of Understanding

***I understand that I will be subject to fingerprinting as part of a criminal background check that will be completed as part of this application process and may be conducted annually thereafter while employed at Deirdre's House. I grant permission to Deirdre's House to contact the references I have provided and other persons deemed necessary. I understand that Deirdre's House may also conduct a check of my driving record through the New Jersey Motor Vehicle Commission as part of the application procedure. Deirdre's House reserves the right to deny acceptance of any applicant without stating a reason. All information provided on this application is accurate to the best of my knowledge and remains the sole, confidential property of Deirdre's House.***

***I hereby swear that the above information is true and valid to the best of my knowledge. I understand that any falsification of the above information may result in termination of my position with Deirdre's House.***

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you for your interest in volunteering for the Homework Help Club at Deirdre's House!

Please return the completed application via mail, email, or fax to:

Jaime Kaiser  
MDT/Program Coordinator  
Deirdre's House  
8 Court Street  
Morristown, NJ 07960  
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