

## Application for Volunteers and Interns

Please complete application and return to S.C.A.N. Education & Activity Center. Applications can be returned in person at 679 W. Elm Suite 5 Lebanon, MO; or emailed to [heatherbecker@scan4kids.com](mailto:heatherbecker@scan4kids.com)

Today's Date:

### Personal Information

First Name \_\_\_\_\_ Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Why are you interested in volunteering?  Personal interest

Educational Internship  Community Service Hours  Court ordered

Other \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Have you ever worked or do you currently work for S.C.A.N.?

Have you ever received services from S.C.A.N.?

Do you have a valid driver's license?

Do you have a car available for use while volunteering?

### Emergency Contact Information

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

## Experience and Education

What is your educational/training background?

Who is your current employer?

What is your employment history?

Have you had any previous experience as a volunteer? If so, with what organizations, and what kind of work did you do?

Does your current employer have (check all that apply):

- Program for volunteering    Donation matching program  
 Grant preference to organizations where you volunteer

Are you certified in (check all that apply):

- First Aid Certification Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 CPR Certification Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Your Interests at S.C.A.N.

How did you learn about S.C.A.N.?    Ad    Website    College/University  
 S.C.A.N. Family    Current Volunteer  
 Other *Please specify* \_\_\_\_\_

Which opportunities do you wish to further explore:    Behind the Scenes  
 Working one on one with children & adults    Reception/Computer/Data  
Input    Grant writing    Mentoring    Other  
\_\_\_\_\_

How long can you commit to volunteering?  One time  Occasionally  
 3-6 months  6 months or more  Other

---

What days are you available?  Mondays  Tuesdays  Wednesdays   
Thursdays  Fridays  Saturdays  Sundays

What times are you available?  Mornings  Afternoons  Evenings

Do you prefer to work (check all that apply)  Directly with people served  
 Behind the scenes  Computers  Maintenance  No preference

Hobbies/interests:

Skills you would like to use while volunteering:

Other languages you speak \_\_\_\_\_  Basic  
 Conversational  Fluent  
\_\_\_\_\_  Basic  Conversational  Fluent

Do you have any special needs or restrictions we should be aware of?:

Date you can begin service:

### Criminal History

All volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a felony?  Yes  No

If yes, explain.

This is the link for the website to register <http://health.mo.gov/safety/fcsr/> or you will find the form attached.

**References**

List at least one professional reference(s) (work or volunteer capacity)

Name	Organization	Phone#/email
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

List three references that you have known for at least one year. **DO NOT USE FAMILY MEMBERS**

Name	Relationship	Phone#/email
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____

**Please describe in 3-5 sentences why you want to be a volunteer or intern at S.C.A.N.:**

Why, at this particular time in your life have you chosen to volunteer with us?  
What do you hope to gain from being a volunteer?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Supporters of Children with Additional Needs, Inc. d.b.a. S.C.A.N. considers applicants for internships/volunteering without regard to sex, race, age, religion, national origin, veteran or marital status, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship. If you need a reasonable accommodation in the pre-placement process, please contact the Volunteer Manager.*

**AUTHORIZATION AND AGREEMENT BY APPLICANT**

1. I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.
2. I consent to having S.C.A.N. complete a criminal background check prior to volunteering.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if less than 18 years of age)      Date

**VOLUNTEER CONFIDENTIALITY STATEMENT**

I, \_\_\_\_\_, as a S.C.A.N. volunteer hereby agree to keep all information regarding families, children, and staff in the strictest of confidence. This includes any information on file and any information, I myself, may obtain while volunteering or representing at S.C.A.N. Education & Activity Center and during events hosted by S.C.A.N. (Supporters of Children with Additional Needs).

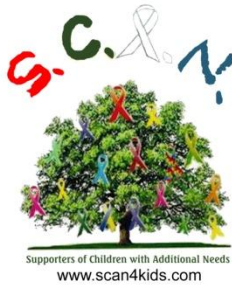
I understand a breach of this policy of confidentiality will be just cause for immediate dismissal as a volunteer and I will not be permitted to return to volunteer or represent S.C.A.N.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if less than 18 years of age)

\_\_\_\_\_  
Date



## Volunteer Reference Check

\_\_\_\_\_ is applying for a Volunteer/Intern position with S.C.A.N. and has listed you as a reference. Please assist us by returning this completed form to the Heather Becker, Co-Director.

**Reference:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Please describe your relationship with the applicant and the number of years/months you have been acquainted:

---

---

---

What are some of the applicant's greatest strengths?

---

---

---

What are some of the applicant's greatest challenges?

---

---

---

If applicable, would you recommend this person to volunteer with children with additional (special) needs and their families? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

---

---

Please provide a phone number where we can best reach you:

---

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Volunteer Reference Check

\_\_\_\_\_ is applying for a Volunteer/Intern position with S.C.A.N. and has listed you as a reference. Please assist us by returning this completed form to the Heather Becker, Co-Director.

### Reference:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Please describe your relationship with the applicant and the number of years/months you have been acquainted:

---

---

---

What are some of the applicant's greatest strengths?

---

---

---

What are some of the applicant's greatest challenges?

---

---

---

If applicable, would you recommend this person to volunteer with children with additional (special) needs and their families? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain: \_\_\_\_\_

---

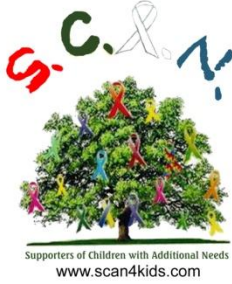
---

Please provide a phone number where we can best reach you:

---

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Volunteer Reference Check

\_\_\_\_\_ is applying for a Volunteer/Intern position with S.C.A.N. and has listed you as a reference. Please assist us by returning this completed form to the Heather Becker, Co-Director.

**Reference:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Please describe your relationship with the applicant and the number of years/months you have been acquainted:

---

---

---

What are some of the applicant's greatest strengths?

---

---

---

What are some of the applicant's greatest challenges?

---

---

---

If applicable, would you recommend this person to volunteer with with children with additional (special) needs and their families? Yes\_\_\_\_\_ No\_\_\_\_\_

Please explain: \_\_\_\_\_

---

---

Please provide a phone number where we can best reach you:

---

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Volunteer Liability Release

This Release and Waiver of Liability (the "release") executed on (date) \_\_\_\_\_ by \_\_\_\_\_ (volunteer name "Volunteer") releases Supporters of Children with Additional Needs, Inc. d.b.a. S.C.A.N. ("Nonprofit"), a nonprofit corporation organized and existing under the laws of the State of Missouri and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

1. **WAIVER AND RELEASE:** I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
2. **INSURANCE:** Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of such injury or medical expenses incurred by me.
3. **MEDICAL TREATMENT:** I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.
4. **ASSUMPTION OF RISK:** I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to trips and falls; and head injuries involving inherently dangerous activities. As a volunteer, I hereby expressly assume the risk of injury or harm from these activities and Release Nonprofit from all liability for injury, illness, death or property damage resulting from the services I provide or occurring while I am providing volunteer services.
5. **PHOTOGRAPHIC RELEASE:** I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
6. **OTHER:** As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Missouri and that this Release shall be governed by and interpreted in accordance with the laws of the State of Missouri. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if less than 18 years of age)

\_\_\_\_\_  
Date

S.C.A.N. Attn: Heather Becker  
Phone: 417-991-2029  
679 W. Elm Suite 5, Lebanon, MO 65536  
Email: heatherbecker@scan4kids.com