

After-School Program Volunteer Contract

Thank you for your interest in volunteering with the after-school program at the Dakota Center. Please take the time to read and sign this contract.

Homework Room Rules

- Children must try to work on their homework before asking for help.
- Encourage the child to ask specific questions about a problem rather than guide them through an entire assignment.
- Help the children to keep the room clean. Remind them to push in chairs and clean up after themselves.
- Maintain a quiet and respectful atmosphere. Refer disruptive children to a staff member.
- Do not give answers or complete homework for a child.

What to Do When There Is No Homework!

- Find a book to read together.
- Play a board game together.
- Join an activity in the art room, lab, or gym.

Your Role as a Role Model

- Please keep phones, mp3 players, and other handheld devices at home or in your bag. If you must make a call, please ask a staff person to use their office.
- Use discretion when discussing various topics with children.
- The Dakota Center has been serving the Dayton community since 1965. Join us in a tradition of excellence!
- Make an effort to introduce yourself and learn the children's names.
- HAVE FUN!

If you have any questions or concerns regarding this contract, please contact the After-School Coordinator at (937) 228-8961. Thank you for your time and energy!

I have read and agree to all of the above terms.		
Signature:	Date:	



Notes regarding availability:

Minor Volunteer Application

CONTACT INFORMATION Name (First, Middle, Last) Home Address City ZIP DOB State Primary Phone **Email** Name of Parent/Guardian Parent/Guardian Phone **EDUCATION High School** ZIP City Address State Phone Fulfilling Comm. Service Requirement? □Yes ☐ No Name of Faculty Advisor, If Any: EMPLOYMENT (if applicable) Please include current/most recent employer. **Employer** Supervisor ZIP Address City State Phone STATEMENT OF INTEREST Why are you interested in volunteering for the Dakota Center? **AVAILABILITY** Please note that volunteering at the Dakota Center is typically a weekly commitment for at least 4 months (one semester). Check all that apply. I am available ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

REFERENCES Please list 2 no	n-family individuals you have known for at l	east one year.		
Name	Relationship	Ph	none	
Name	Relationship	Ph	none	
VOLUNTEER EXPERIENC	E (if applicable)			
Org. Name #1	Super	Supervisor Name		
Address	City	State	ZIP	
Phone	Dates-From	То		
Work Performed				
Org. Name #2	Super	Supervisor Name		
Address	City	State	ZIP	
Phone	Dates-From	То		
Work Performed				
EMERGENCY CONTACT				
Name	Relationship	Phone		
PHOTO RELEASE (must be	e signed by Parent or Legal Gua	rdian)		
I consent to Dakota Center, Inc.'s u	se of my minor child's photographed or recaphs or videos may be published in newslet	orded image taken durin		
Parent/Guardian Signature		Date		
COVID-19 VACCINATION	CLAUSE (must be signed by Pa	rent or Legal Guai	rdian)	
	eering my child will have received a fully proof of vaccination, under further circu		atus in accordance with CDC	
Parent/Guardian Signature	,	Date		

VOLUNTEER STATEMENT

I certify that the answers given here are true and complete to the best of my knowledge.

I agree to the following terms:

- I will commit to a consistent schedule, and I will be on time and ready to participate in my assigned tasks.
- If I must be absent, I will call (937) 228-8961 as soon as possible to notify after-school staff.
- I will accurately record my time in the Volunteer Log at the front desk.
- I will strive to be a good role model for after-school participants by following the Center's rules and modeling a positive attitude.

Volunteer Applicant Signature

Date

Please submit by: EMAIL (preferred) volunteerac@dakotacenter.org **FAX** (937) 228-7960 Or MAIL to Volunteer Coordinator

33 Barnett St. Dayton, OH 45402