



420 Elmira St.; Williamsport, PA 17701
www.thriveip.org * 570-337-2898

Volunteer Application & Placement Assessment

Please answer the questions below to help us determine if volunteering at Thrive may be a good fit for you as well as what might be an appropriate placement(s) at Thrive.

Please note that we do not discriminate on the basis of race, color, age, gender, religion, national origin, ancestry, or disability. Depending on our needs, we accept volunteers with a range of teaching/language experience, so please feel free to apply even if this will be your first time helping in such a program.

Date: _____

Name: _____

Address: _____

Phone Number: _____ (home) _____ (cell phone)

Emergency Contact Name: _____ Phone Number: _____

How did you hear about volunteering with Thrive? _____

In which areas are you interested in volunteering? (please check):

- _____ 1. ESL Nursery Williamsport (1st & 3rd Wednesdays of each month from 8:45am-10:45am)
- _____ 2. ESL Nursery Sunbury (1st & 3rd Mondays of each month from 6:15-8:15pm)
- _____ 3. Adult ESL Classes/Tutoring Williamsport (1st & 3rd Wednesdays of each month from 8:45am-10:45am)
- _____ 4. Adult ESL Classes/Tutoring Sunbury (1st & 3rd Mondays of each month from 6:15-8:15pm)
- _____ 5. Language Café Williamsport/Sunbury (Thursdays from 6:30-7:30pm; dates at each location are TBA)
- _____ 6. High School/Adult Spanish Classes (September to May - Thursdays from 7:30-9:00pm)
- _____ 7. Kids Spanish + Gym Classes (Jan. to March – Thursdays from 6:30-7:15pm)
- _____ 8. Legal Services Program (schedule varies)
- _____ 9. Fundraising & public relations (flexible schedule)
- _____ 10. Takeout meal volunteer (4th Wednesday each month 9-10:30am and/or 1:00-6:30pm)

While we welcome and respect students of all different faiths, Thrive is established as a Christian organization according to our mission statement and founding documents. We ask that our staff and volunteers are 1.) professing followers of Jesus and/or 2.) willing to respect the Christian nature of Thrive’s programs and not do or say things while volunteering that would undermine the mission and values of Thrive. Can you comply with one or both of these options? yes no

Are you interested in attending the optional teachers’ collaborative group/training one evening per month? yes no

Did you graduate from high school? yes no

Do/Did you attend college? yes no

What institution(s)? _____

What is/was your major and minor? _____

What degree did you earn/are you earning? _____

Date of graduation: _____

What languages can you use?

Language: _____

Rate your general ability in that language (please circle): beginning intermediate advanced

In that language, can you (please circle): read write listen speak

Language: _____

Rate your general ability in that language (please circle): beginning intermediate advanced

In that language, can you (please circle): read write listen speak

Language: _____

Rate your general ability in that language (please circle): beginning intermediate advanced

In that language, can you (please circle): read write listen speak

If you have spent time living in another country (including America if you are originally from another country), please describe this:

If you have spent time tutoring or teaching before, please describe where, when, and what your role was: _____

If you have other training or experience with language teaching or learning, please describe: _____

Why are you interested in volunteering at Thrive? _____

Has your permanent address only been in PA for the last 10 years (for purposes of knowing if an FBI background check is required)?
yes no

Have you ever been convicted of a felony in the U.S. or a similar degree of crime in another country? yes no

If so, please describe: _____

(A record will not automatically disqualify you from volunteering but will be considered in accordance with potential responsibilities.)

To comply with the PA rules relating to volunteers having contact with children, please answer the following:

(a) Have you been a perpetrator of a founded report of child abuse/neglect committed within the last five years? yes no

(b) Have you been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent crime under Federal law or the law of another state? yes no

- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Chapter 25 (relating to criminal homicide)
- Section 2702 (relating to aggravated assault)
- Section 2709.1 (relating to stalking)
- Section 2901 (relating to kidnapping)
- Section 2902 (relating to unlawful restraint)
- Section 3121 (relating to rape)
- Section 3122.1 (relating to statutory sexual assault)
- Section 3123 (relating to involuntary deviate sexual intercourse)
- Section 3124.1 (relating to sexual assault)
- Section 3125 (relating to aggravated indecent assault)
- Section 3126 (relating to indecent assault)
- Section 3127 (relating to indecent exposure)
- Section 4302 (relating to incest)
- Section 4303 (relating to concealing death of child)
- Section 4304 (relating to endangering welfare of children)
- Section 4305 (relating to dealing in infant children)
- A felony offense under section 5902(b) (relating to prostitution and related offenses)
- Section 5903(c) or (d) (relating to obscene and other sexual materials and performances)
- Section 6301 (relating to corruption of minors)
- Section 6312 (relating to sexual abuse of children)

(c) Have you been convicted of a felony offense under the act of April 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, within the last five years? yes no

Please list two references who are not family members:

1.) Name: _____ Relationship: _____ Phone Number: _____

2.) Name: _____ Relationship: _____ Phone Number: _____

Please read and sign the following statement. If you have questions, please ask before signing.

By signing below, I confirm that the information provided in this application is true to the best of my knowledge. If information is found to be false, this may be grounds for dismissal from volunteering at Thrive International Programs, Inc. if a volunteer position is arranged. If I request and am granted a volunteer position that involves working directly with students and/or participants, I agree to apply for or have the organization submit on my behalf information for a State Police Criminal Background Check, a Childline Clearance (if working with children), and an FBI Clearance (if not a continuous resident of PA for the last 10 years) at my own expense before I begin to volunteer. I also agree to complete the online mandatory reporter training for child abuse required by PA law before starting to volunteer. Further, I authorize the references that I named in this application to respond fully to questions asked by officials of Thrive International Programs, Inc. about my work/volunteer history and performance as well as my character as it may contribute to decisions regarding acceptance as a volunteer.

Signature Date