



## OWLS SUMMER PROGRAM 2015 VOLUNTEER APPLICATION

Email Forms to [heather@especiallynneeded.org](mailto:heather@especiallynneeded.org)

Or mail or hand deliver to:

**Especially Needed**

10121 Waterstone Way

McKinney, TX 75070

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Dear Potential Volunteer:

Thank you for your interest in the OWLS summer program made possible by Especially Needed. Without our volunteers this program could not happen so we hope you know that you are making a huge difference in the lives of children with special needs and their families.

For this OWLS program your main responsibility is to serve as a buddy as well as a mentor for our special kiddos. Each volunteer will be paired with one or more children depending on the amount of children that register. Your role is to assist the child(ren) throughout the day and take this opportunity to teach them new things. You will also help them maintain the knowledge they have gained in school this past year by reading over each child's profile and questionnaire. You will assist them with any needs they might have during the day, play games with them and be a positive role model. Our children need to be around motivating and energetic volunteers and staff. We ask that you have a passion for this type of work and truly want these children to learn and succeed in life.

We are looking for volunteers to fulfill at least one shift during the day for as many days as possible throughout the summer (shifts are listed in the following paperwork). To be eligible to be a volunteer you must first fill out the volunteer application. When it has been completed you can either mail or scan your application to Especially Needed. When we receive your application, we will contact you to set up an orientation. All of our volunteer opportunities are based on availability. If the volunteer opportunity is filled, you will be placed on a waiting list.

Again, thank you for your interest in our program. If you have any questions, please do not hesitate to contact me.

Sincerely,

Heather Astuto

[heather@especiallynneeded.org](mailto:heather@especiallynneeded.org)

214.499.3439



# Volunteer Application

Please print clearly and fill out the application in its entirety

## Contact Information

Name (first, middle and last)	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Preferred method of communication (please circle): Work      Cell      Home

Best time to call: \_\_\_\_\_

Male ( ) Female ( ) Date of Birth \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Why are you interested in volunteering with Especially Needed for the OWLS Program?

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Do you have any experience working with children with special needs? Yes or No If yes, please describe:

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DTD USE ONLY

Received \_\_\_\_\_ Contacted \_\_\_\_\_ Orientation \_\_\_\_\_ Background Check \_\_\_\_\_

**Which days and/or weeks are you able volunteer/assist with:**

**Shift 1**  
**7:45AM-11:00AM**

**Shift 2**  
**10:45AM - 2:00PM**

**Shift 3**  
**1:45-5:30PM**

	M1	M2	M3	T1	T2	T3	W1	W2	W3	Th1	Th2	Th3	F1	F2	F3
Wk 1: June 15 – 19															
Wk 2: June 22 – 26															
Wk 3: June 29 – July 3															
Wk 4: July 6 – 10															
Wk 5: July 13 – 17															
Wk 6: July 20 – 24 No camp this week															
Wk 7: July 27 – 31															
Wk 8: Aug 3 – 7															
Wk 9: Aug 10 - 14															
Wk 10: Aug 17 - 21															

\*What age group do you have more experience working with:

(ages 5-8) (ages 9-11) (ages 12-15 )

Please list any languages that you speak, read and/or write fluently, in addition to English: \_\_\_\_\_

Have you volunteered for other organizations?  Yes  No (if you checked yes, please continue below)

Organization Name: \_\_\_\_\_ Describe volunteer service: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Describe volunteer service: \_\_\_\_\_

Please describe any work or personal experience you think might be relevant to our program:

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Do you have any hobbies or special talents?

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**Please list 3 references:**

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

Time known: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Time known: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Time known: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever been charged with or convicted of the following: (please check yes or no)

a) Felony?  Yes  No

b) Any crime involving a sexual offense, an assault or the use of a weapon?  Yes  No

c) Any crime involving the use, possession or the furnishing of drugs or hypodermic syringes?  Yes  No

d) Reckless driving, operating a motor vehicle while under the influence, or driving to endanger?  Yes  No

If you answered Yes to any of the above four items, please explain. \_\_\_\_\_

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**Especially Needed has my permission to:**

Please check below

Run a background check on me.  Yes  No

Please provide your social security number: \_\_\_\_\_ (Number is kept in a secure location).

Verify the 3 references I have provided.  Yes  No

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer for Deliver the Dream.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

## Release for Publication

During the course of the OWLS program there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By initialing below, you may choose to grant or deny Especially Needed/OWLS permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook, videos and photo albums for use in public understanding and support of the Deliver the Dream program. By granting permission below, you hereby release and hold harmless Especially Needed/OWLS Summer Program from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes. (initial below).

\_\_\_\_\_ "YES, I give permission to be photographed and/or video taped for publication."

\_\_\_\_\_ "NO, I deny consent to be photographed and/or video taped for publication."

## Permission to Participate & Release of Claims

I, \_\_\_\_\_ (print your name) as a volunteer in the OWLS Summer program, understand that I may drive my personal vehicle to some activities during the program. I understand that while volunteering in the OWLS program, I may be offered \*physical activities\* including, but not limited to water play, swimming, arts & crafts, basketball, kick ball, jump rope and other outdoor recreational activities. (\*Please note activities are subject to change).

In consideration of participation in "OWLS Summer Program", I, for myself, heirs, executors, and administrators, hereby personally, release, indemnify, save and hold harmless, acquit, forever discharge and waive any claims or causes of action which I may now or hereafter have against Especially Needed or other participating agencies, all corporate sponsors and collaborators, and their respective subsidiaries and affiliates and any and all of their officers, directors, trustees, agents, servants, associates, employees, representatives, shareholders, beneficiaries, successors, and assigns, of all liabilities, claims, actions, damages, costs, or expenses which they or I may now or hereafter have arising out of or in any way connected with participation in the OWLS Summer program, including, but not limited to, travel to or from the facility where the OWLS program is located and injuries which may be suffered before, during, or after the OWLS Program. I understand that this waiver includes any claims based on negligence, action, or inaction of the above parties. I understand that I am assuming the risk for any activities we participate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Medical History and Information

All of this information is kept confidential and will only be shared with the medical professional attending the retreat. It is extremely important that you list all current allergies to medication and or foods, along with any over the counter or prescription medications.

Do you have allergies to any food, medicines or any substance? YES or NO If yes, please list.

Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergies: \_\_\_\_\_ Reaction: \_\_\_\_\_

Do you have any food restrictions? (vegetarian, no meat, gluten free, etc.) YES or NO If yes, please list.

Do you have any health conditions that may limit your participation? YES or NO If yes, please explain.

Due to the high emotional demands of this job, is there anything Deliver the Dream needs to be made aware of to ensure that your experience is a pleasant one? YES or NO If yes, please explain.

Please list all current over the counter and/or prescription medications. \_\_\_\_\_ Check here for no medications

Medications: \_\_\_\_\_ Amount: \_\_\_\_\_ How Often: \_\_\_\_\_

### Physician Information

Please list your primary care physician only

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

### Medical Insurance

Name of Company: \_\_\_\_\_ Name of Policy Holder: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Member ID: \_\_\_\_\_ Group #: \_\_\_\_\_

### Emergency Contact

Name (first and last): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Permission to Administer Treatment

The information contained in this Medical History Form is correct and complete to the best of my knowledge. I can engage in OWLS Summer Program activities with exception to those noted on this form and agree to abide by any restrictions placed on me.

I hereby give permission to Especially Needed to seek emergency medical treatment if necessary. I agree to the release of any records necessary for insurance purposes. I give permission to Especially Needed/Summer OWLS Program to arrange necessary health-related transportation for me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

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