



**COOL SCHOOL ENRICHMENT PROGRAM  
LOOKING FOR VOLUNTEERS!  
Start Date  
Monday September 11, 2017**

LOVELAND, OH. — August 1, 2017. **Have you ever heard of Cool School? Have you ever help a student that attended the Cool School program?** If so, you will know what an asset this program is to our student community. We all know that there are parents who work diligently with their kids. We also know that there are parents who work very hard at their jobs and have less time to help support their student with school work. Cool School helps those kinds of students and parents.

Each school year we seek energetic, committed, and dependable adults, college, and high school students to lead and coordinate the development of this program. **WE NEED TWO ADDITIONAL COORDINATORS ONE FOR EACH PROGRAM** as well as other volunteers that can help with tutoring. The rewards of being that person are the smiles on student's faces and their body language that tells you that they are proud of what they have done.

The Cool School Enrichment Program is an after-school program designed to provide educational support for 1st-6th grade kids who need individual and group support. Many of the students benefit from extra help with reading, writing, math, and general homework. But it does more than that. It provides attention to those students who need that extra caring and supportive touch.

The Loveland Initiative runs two programs, 1st-4th at Loveland Elementary and Primary, 5th-6th at Loveland Intermediate Schools. The program held at **Loveland Elementary** located in **cafeteria** is held on **Wednesday and Thursday, from 3:00pm - 5:00pm**. The program held at **Loveland Intermediate** located in **art room 147** is held on **Monday and Tuesday from 2:30pm - 4:30pm**.

**If you are a Loveland High School Student** that participates in the **National Honor Society** or **Tigers in Service** you must sign up on the **UGive Website** under the following links: **Cool School 1 - 4 Grade Students** or **Cool School 5 - 6 Grade Students**. You are also required to fill out an application located under the flyers tab of the **Loveland High School website**. **Please fill out application and email to Terri Rogers Executive Director at [trogers7@fuse.net](mailto:trogers7@fuse.net).**

**For more information on the Cool School Program, please contact Terri Rogers Executive Director at 513.739.2354 or by email at [trogers7@fuse.net](mailto:trogers7@fuse.net).**

# Cool School Enrichment Program Volunteer Application

## Volunteer's Contact Information

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## Please answer the following questions:

- How did you learn about volunteer opportunities with Loveland Initiative?

voluntermatch.com \_\_\_\_\_

- Are you volunteering to fulfill community service or volunteer requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, name of organization: \_\_\_\_\_

## Background

**Due to the nature of this program we require every volunteer to have a background check and two references. If you already have an up to date background check with the Loveland School District you will only need to provide a copy.**

- Would you be willing to consent to a background check?

Yes \_\_\_\_\_ No \_\_\_\_\_ If No, please explain: \_\_\_\_\_

## Skills

Please List any special skills, background, or training that you feel could be utilized in this program.

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**Availability**

This year we will be at two different locations, at two different times. We are asking for a minimum of once a month commitment. Below, please check which location you would be interested in working, & what day works best for you.

\_\_\_\_\_ Loveland Elementary (1- 4 Grade) 3pm-5pm  
Thursday\_\_\_\_\_

\_\_\_\_\_ **Loveland Intermediate (5 - 6 Grade) 2:30pm-4:30pm**

Please indicate which day you would prefer:

**Monday**   X        **Tuesday** \_\_\_\_\_

Is there anything we need to know concerning your preference?

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**Emergency Contact Information**

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

Contact's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_

Hospital Preference: \_\_\_\_\_

Are there any medical conditions/Drug Allergies that we need to be aware of?

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**Underage Volunteers:**

If under 18 years of age, please provide the following information:

Name of parent or guardian: Amy Reich \_\_\_\_\_

Parent/Guardian home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In the event of an accident or emergency, I give Loveland Initiative full permission to authorize medical treatment. If I am under 18 years of age, I understand that a parent or guardian must also sign this Medical Authorization.

Volunteer Signature \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

# Cool School Enrichment Program

## Character References

To ensure student safety, we check volunteers character references. Please give us the names of two people you would like to use as character references. We will call each reference by telephone before you are matched with your student. Please tell your references that you have given us their names and those they should expect a call from us. Character references can be teachers or employers who have known you for more than two years.

Reference 1

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

Street Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Telephone (day) 859-802-7977 \_\_\_\_\_ (evening) \_\_\_\_\_

Reference 2

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

Street Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Email \_\_\_\_\_

Telephone (day) \_\_\_\_\_ (evening) \_\_\_\_\_

I will allow Cool School to contact these people to do a reference check on me.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name

# The Loveland Initiative Records Check Authorization

I \_\_\_\_\_ do hereby authorize the Loveland Police Division to conduct a computer criminal history background check for the purpose of working with the members of the Loveland Initiative and their client families. I will provide the information below for the sole purpose of this computer records check. I understand that no information gained from that computer check will be released to any source; and not to the members of the Loveland Initiative. Upon completion of the records check, all papers will be immediately destroyed.

Name: \_\_\_\_\_  
                    First                                    MI                                    Last

Date of Birth: \_\_\_\_\_ Social Security \_\_\_\_\_

I have never been arrested/convicted for a crime involving sexual  
misconduct: \_\_\_\_\_

**Signature Required**

Records Check Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Why do you want to be a tutor?

What experience do you have working with children or teachers?

What do you think are the qualities of a good tutor?

What is your experience working with cultures different from your own?

Are you able to attend the training session?

What are the best things about working with children? What are the hardest?

Are there certain types of children you feel you can't work with?

Can you commit to tutoring for us for the entire school semester or year?

Do you have any questions about our screening process (police records check, character reference checks, etc.)?

What conditions might cause you to quit volunteering before the school year's end?

Do you have any questions for me?

Confidentiality

Anyone who volunteers within the ranks of The Loveland Initiative will be required to sign a confidentiality policy. It is expected that all clients, volunteers, including board members, conduct themselves in a responsible manner and respect others within and while on The Loveland Initiative premises at all times. This policy will protect The Loveland Initiative. This policy will protect the clients who participate in our programs. This policy will also protect the privacy of our supporters in and outside of our community.

All information concerning clients, former clients, our staff, donors, member's, volunteers, financial data, and business records of The Loveland Initiative are confidential. "Confidential" means that you are free to talk about The Loveland Initiative and about your program and your position, but you are not permitted to disclose or discussed with anyone clients' names, donors' lists or talk about them in ways that will make their identity known. There will be no outside discussions of clients or what help they have received from The Loveland Initiative. No information may be released without appropriate authorization. This is a basic component of client care and business ethics. The board of directors, staff and our clients rely on volunteer staff to conform to this rule of confidentiality.

Volunteers and board members of The Loveland Initiative may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of The Loveland Initiative that such information must be kept confidential both during and after volunteer service. Staff and volunteers, including board members, are expected to return materials containing privileged or confidential information at the time of separation from volunteering or expiration of service.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

#### Certification

I have read The Loveland Initiative policy on confidentiality and the Statement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform the Executive Director Terri Rogers immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including termination of my service with The Loveland Initiative.

Signature: \_\_\_\_\_

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