



Urban Erie Community Development Corporation
2046 East 19th Street
Erie, Pennsylvania 16510
814-899-3904

Volunteer Application

IMPACT AFTER SCHOOL PROGRAM

Personal Information

Name: _____

Permanent Address

Line 1: _____

Line 2: _____

City: _____ State: _____ Zip: _____

Email: _____

Mailing Address

Line 1: _____

Line 2: _____

City: _____ State: _____ Zip: _____

Phone: _____

Is it better to call or text ? Is it better to contact you in the morning or afternoon ?

Are you over 18? Yes No

Is this required for community service? Yes No

Will you receive school credit for this? Yes No

Emergency Contact

Name: _____ Relationship: _____

Work phone: _____ Evening phone: _____

Education

Did you go to high school in Erie? Yes No If yes, which school: _____

Are you currently in college? Yes No If yes, which school: _____

If you are in college what is your major? _____

Have you lived in Pennsylvania for at least the last ten years? Yes No

Do you have your clearances? Yes No

We ask college volunteers to commit to one afternoon a week for a semester. Please check the afternoon that you would like to commit to.



Monday Tuesday Wednesday Thursday Friday

Skills and Experience

Please list skills you have that maybe relevant: _____

Please list prior and current employment or volunteer experiences: _____

Do you have experience working with children: Yes No

Please indicate which activities are you most interested in.

Tutoring – List subjects: _____

Reading to children or helping children read

Arts and crafts activities

Helping children use the computer

Other things not listed: _____

Program goals:

- Create leaders
- Help children develop to their fullest potential
- To deliver programing in a positive environment of safety, support, and care



As a volunteer you agree to help further the programs goals, show up when expected, communicate with the staff when you are unable to, and behave in a professional manner.

Sign: _____ Date: _____

Photo Release

Date: _____

I hereby grant to Urban Erie Community Development Corporation (UECDC) permission to interview me and/or use my likeness in photograph(s)/video in any and all of its publications and in any and all other media, whether now known or hereafter existing, controlled by UE CDC, in perpetuity, and for other use by UE CDC. I will make no monetary or other claim against UE CDC for the use of the interview and/or the photograph(s)/video.

Name (print full name): _____

Signature: _____

Address: _____

City, State, Zip Code: _____

Telephone: _____