

Volunteer Storytime Leader Application

Early Literacy Outreach Program (ELOP) Screening Policies

Applicants to the ELOP Program Must:

1. File a completed application form
2. Undergo an Interview
 - a. All applicants will be interviewed by ELOP Coordinator.
3. Consent to a Background Check
 - a. The ELOP is required to run a background check on all applicants. To be considered for acceptance to the ELOP, you must sign a release which permits the ELOP to secure records checks concerning your background, including criminal records, as authorized by law.
 - b. The ELOP has the right to reject any applicant found to have been convicted of, or having charges pending for a felony or misdemeanor involving a sex offense, child abuse or neglect, or related acts that would pose risks to children or the ELOP's credibility.
4. Complete Pre-Service Training
 - a. All applicants must complete 8-hour ELOP training. Training will be hosted at the Library and the schedule will be posted on the Library website.

Submit completed application by email to: rtompson@burlingtonvt.gov

OR drop off at Circulation Desk on First Floor of Fletcher Free Library.

OR by mail to: Fletcher Free Library
Attn: Rebecca Thompson
235 College Street
Burlington, VT

The Early Literacy Outreach Program must carefully screen all applicants seeking to work directly with children. Please help us by providing complete and accurate information for all questions.

APPLICANT INFORMATION:

Name: _____

Address: _____

City/State/Zip: _____

Date of Birth: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

Preferred Mode of Contact: ☐ Email ☐ Home Phone ☐ Work Phone ☐ Cell Phone

Education Level: _____

Do you have a valid driver's license? ☐ Yes ☐ No

Do you have access to reliable independent transportation? ☐ Yes ☐ No

Employment Status: (student/employed/retired/other) _____

Employer's Name: _____

Job Title: _____

Emergency Contact Information:

Name: _____

Phone: _____

Email: _____

References: Please list three people who will provide a knowledgeable reference for your potential work as an ELOP volunteer. One person must have known you for at least 6 months in a professional capacity and two must be personal references who have known you for at least 2 years.

Reference 1:

Name: _____

Relation: _____

Phone: _____

Email: _____

Reference 2:

Name: _____

Relation: _____

Phone: _____

Email: _____

Reference 3:

Name: _____

Relation: _____

Phone: _____

Email: _____

PROGRAM INFORMATION:

How did you hear about the ELOP? _____

Do you have any specific needs in a work environment? (Program might require moderate movement, sitting on the floor, etc) _____

Do you have a preferred time commitment? (minimum: 1hr/week, but opportunity for more)

Please list any previous experience working with children _____

Do you speak any languages other than English? _____

Do you understand that the commitment for this program is a minimum of 6 months? (Through June, 2019)

☐ Yes ☐ No

If the direct service aspect of this program is not the right fit for you, would you be interested in supporting other areas of the program such as literacy kit assembly, training support, etc?

☐ Yes ☐ No

BACKGROUND INFORMATION:

Are there pending criminal charges against you? ☐ Yes ☐ No

Have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state or federally controlled substance? ☐ Yes ☐ No

Have you ever been arraigned for or convicted of child abuse or neglect or of sexually abusing or molesting a youth 18 or younger? ☐ Yes ☐ No

Have you ever received treatment for alcohol or substance abuse? ☐ Yes ☐ No

**Have you ever been treated or hospitalized for an emotional or psychiatric condition? ☐ Yes ☐ No

Other than the above, is there any fact or circumstance involving you or your background that could call into question your being entrusted with working with youth? ☐ Yes ☐ No

If you answered yes to any of the above seven questions, please explain. _____

I hereby authorize the Fletcher Free Library and/or the Coordinator of the Early Literacy Outreach Program to investigate my background and check my character references. I willingly consent to this release of information as part of my application to become an ELOP volunteer, and authorize all relevant agencies and individuals to release any information requested by the Office of the Court Clerk or Guardian ad Litem Program. I understand that requests for information may be submitted to past and present employers, law enforcement agencies, criminal and civil courts, social service agencies, and any other individuals or organizations with which I have had contact in the past. I understand that this information will not be disclosed to any third party, and will remain confidential. I understand a photocopy of this release shall be deemed the same as the original.

Name: _____

Date: _____