



Save Our Children After School Program Volunteer Application

330 2ND Street Elyria, OH 440.323.3272
For any questions please contact our office.

Our mission is to change lives by improving literacy, cultivating leadership skills through mentoring, and promote academic excellence among at-risk youth in our community.

Date of Application: _____

WHO WE ARE...

Save Our Children received its 501C3 designation in 1996 out of the youth ministries program at Asbury United Methodist Church; the oldest African American Church in the city of Elyria.

There have been multiple generations of families and children who have come through our humble doors.

We currently run an after-school program and summer program for children in grades K-8, and a teen mentoring program, Elyria Teens Achieve Success (ETAS) for Elyria High School students.

Our after-school program is completely free of cost and operates in accordance with Elyria City Schools calendar from 3-6 p.m. Monday – Friday. Students are transported from school to Save Our Children to receive homework assistance, tutoring, and a hot meal.

PARTICIPANT INFORMATION: Please print clearly

Name: _____ M__ F__ Birth Date: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Have you volunteered at SOC previously? Yes ___ No ___ What organization do you represent? _____

Please let us know your interest of volunteer roles or the events you plan to help at SOC. (Check all that apply)

____ ETAS Mentoring Program

____ Tutor

____ Music Therapy/Cultural Art

____ Homework Helper

____ Thanksgiving Dinner Volunteer

____ Reading Buddy

____ Christmas Party Volunteer

____ Other (Please describe below):

What special skills would you like to utilize as a volunteer?

What interest you about volunteering with SOC?

Can you please describe the hours that you'd be available to volunteer?

BACKGROUND CHECK AUTHORIZATION: (REQUIRED)

I hereby attest that all the information I have provided to Save Our Children is accurate and is subject to Verification by Save Our Children. My signature on this form does not obligate me to perform the volunteer services that I have applied for and I further understand that Save Our Children is not obligated to offer me an assignment.

I understand that all volunteers are required to authorize a background screening before working with Save Our Children.

Signature: _____ Date: _____

MEDIA RELEASE

I give my consent for SOC and persons acting through the organization to take, reproduce and/or distribute photographs, films, videotapes and sound recordings for printed and/or internet publicity.

I have read, understand and accept all terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties throughout the duration of participation of my child/children in the SOC programs.

Name: _____ (Please Print)

Signature: _____ Date: _____

Thank you for your interest in volunteering at Save Our Children! Please be sure to provide a copy of your social security card and drivers license. If you have any questions, please contact our office at 440-323-3272

