



# Save Our Children of Elyria After School Program Volunteer Application

330 2nd Street ♦ Elyria, OH 44035 ♦ 440-323-3272

*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*

## ABOUT SOC

---

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 operate 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. K-8 students attend from 3-6 p.m. Monday-Friday. ETAS students attend from 5-8 p.m., Tuesday-Thursday. Students are transported from school to Save Our Children to receive homework assistance, tutoring, and a hot meal.

## PARTICIPANT INFORMATION: (Please Print Clearly)

---

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Have you volunteered at SOC previously? Yes \_\_\_ No \_\_\_ If so, When? \_\_\_\_\_

What organization do you represent? \_\_\_\_\_

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

\_\_\_\_\_ ETAS Mentoring Program

\_\_\_\_\_ Tutor

\_\_\_\_\_ Music Therapy/Cultural

\_\_\_\_\_ Homework Helper

\_\_\_\_\_ Kitchen/Meal Assistance

\_\_\_\_\_ Reading Buddy

\_\_\_\_\_ Other (Please describe): \_\_\_\_\_

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

---

---

---

What interests you about volunteering with SOC?

---

---

---

Can you please describe the days and hours that you would 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 submit a background screening before working with Save Our Children.

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

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

**MEDIA RELEASE**

---

I give my consent for SOC and persons acting on behalf of 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 my participation 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 driver's license. If you have any questions, please contact our office at 440-323-3272**

