



MoLab, Inc. Counselors-In-Training Volunteer Application

1700 North Monroe Street, Suite 11-223
Tallahassee, FL 32303
www.tallymolab.org

Personal Information (please print)

Name: _____ Date: _____

Date of Birth: _____

Local Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Email: _____
HOME CELL

Male Female Caucasian Hispanic African American Asian/Pacific Islander Native American Other

Emergency Contact: _____ Relationship: _____

Telephone: _____
HOME CELL WORK

New Volunteer: Yes No
Have you previously Volunteered with MoLab? _____

Returning Volunteer: Yes No
If so, when? _____

Are you currently employed? _____
If yes please list employer(s) _____

Are you volunteering to satisfy a community service requirement? Yes No

If yes please indicate program name, requirements, contact person and phone number _____

Academic Information

School: _____

Level: ___ HS ___ Freshman ___ Sophomore ___ Jr ___ Sr Graduation Date: _____

How did you hear about the program? _____

Academic Areas of Interest or Expertise: _____

References

Please list the names, addresses and telephone numbers of two personal references that have known you for at least one year. Please do not list family members.

Name: _____

Address: _____

Home Telephone: _____ Email address: _____

Name: _____

Address: _____

Home Telephone: _____ Email address: _____

Volunteer Scheduling

Volunteers and interns must be willing to occasionally meet at a designated community location, be self driven, and maintain excellent communication with their supervisors. Please indicate when you are available. CITS work either full day (8:30 a.m. – 4:30 p.m.) or half day (8:30 a.m.-12:30p.m./12:30p.m.-4:30p.m.) shifts.

Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.

Please indicate when you are available to volunteer _____

Please indicate which age group you prefer to work with: PreK-1, 2-3, 4-5, or 6-8 _____

Relevant Experience

Level 2 Screening Information

All camp staff and volunteers must complete a Level 2 Background Screening. There is an \$82 fee for new volunteers and \$35 for returning volunteers to participate in the CIT Program to cover this expense. MoLab, Inc. will schedule the screening and maintain records of the results. Please use the check list below to make sure you have received and returned the following documents. Indicate three convenient options for screening dates and times (no sooner than 60 days prior to beginning volunteer service).

- 1. Clearing House Applicant Request Form
- 2. Privacy Policy
- 3. Affidavit of Good Moral Character (to be signed at the training session)

Options for Scheduling Screening Date and Times: (Monday – Friday 9 a.m. – 3:45 p.m.)

1. _____ 2. _____ 3. _____

Payment Information:

- Check # _____
- PayPal Confirmation Number _____

Certification

Parental Consent (for applicants under 18 years of age) I have read and understand this application, and I give my child permission to volunteer with MoLab, Inc. I accept fully the responsibility for my child’s participation in the program. MoLab, Inc. has permission to call an emergency medical responder if my child has a medical emergency.

Special Permissions:

- 1. My child has permission to take field trips planned with some classes.
- 2. Photographs or video images may be taken for marketing purposes. I give permission for my child’s image to be used.

Signature of Parent/Guardian

Date

I certify that I have received information on obtaining a background clearance in order to work with children. I authorize MoLab, Inc. to obtain a Background Report or reports for use in connection with my application for volunteering and for other volunteer-related reasons. If retained as a volunteer, this authorization shall remain on file and serve as ongoing authorization for procurement of volunteer-related consumer reports at any time during my tenure. I understand that the term “consumer report” includes, but is not limited to, credit checks, criminal background checks, Department of Motor Vehicle reports, and investigative consumer reports. I further understand that the term “investigative consumer report” means a report of information on my character, general reputation, personal characteristics, or mode of living obtained through personal interviews with individuals who may have knowledge concerning any such items of information.

Signature of Individual

Date