



Facilitator Assistant Application

NAME _____ PHONE (H) _____ CELL _____

ADDRESS _____ E-MAIL _____

EDUCATION: HS _____ AA _____ BS _____ OTHER _____

Previous or present experience working with individuals with disabilities:

Why are you interested in volunteering in the Social Coaching Program?

Dates available to volunteer: Mon ___ Tues ___ Weds ___ Thurs ___ Fri ___ Sat ___ Sun ___

Character References: Please list two non-family members who would be supportive of your working with individuals with disabilities:

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

EMAIL: _____ EMAIL: _____

PHONE: _____ PHONE: _____

Assistant Release Statement

Have you ever been convicted within the past ten years of any felony or misdemeanor classified as an offense against a person or family, or public indecency; or of a violation involving a state or federally controlled substance? Yes ___ No ___ If yes, please explain:

I hereby state that I agree to abide by the rules and policies of ASPPiRE, Inc. I understand that I may be subject to a criminal background check. To the best of my knowledge, all statements in this application are true and accurate.

Signature _____ Date _____

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

Expectations:

CONFIDENTIALITY...

- Consider all things seen or heard at sessions or outings as confidential.
- Do not discuss the participants and their disability, problems, or class discussions publicly. This is a violation of FERPA (Family Educational Rights & Privacy Act).
- If help is needed with a participant, discuss the matter with a facilitator. Please report any inappropriate comments, actions, or suspicious behavior to the facilitator.

PROFESSIONALISM...

- The relationship between the participants and the volunteer is one of mutual respect, courtesy, and confidence.
- Your role is to assist the facilitator and support the participants. Never publicly criticize a facilitator, participant, or guidelines. If a problem arises, please consult with the lead facilitator.
- Remember that you are a role model to the participants.
- Dress comfortably but make sure your clothing is appropriate to wear in a school setting including, but not limited to: tops which cover the shoulders and stomach. Please do not wear tops advertising alcohol or tobacco products and tops that promote sexual activity.
- Cell phones must be turned off or on vibrate while class is in session.

CONFIDENTIALITY STATEMENT

The Family Educational Rights and Privacy Act (FERPA), a federal law enacted in 1974, guarantees the confidentiality of a student's records. As a volunteer of ASPPIRE Inc., it is important that you do not, under any circumstances, release to any person(s) information pertaining to a participant, unless your position specifically requires you to do so. You must refer any requests for information about a participant to the lead social coaching facilitator.

If a participant confides that he or she is the victim of sexual, emotional, chemical or physical abuse, or is considering homicide or suicide or is involved in illegal activity, you **MUST** notify the lead facilitator immediately.

Do not share information that in anyway identifies a participant such as name, age, and medical or behavioral characteristics.

I have read and understand the confidentiality statement for volunteers. I agree to follow and abide by the rules set forth by FERPA.

Signature _____ DATE _____

Printed name _____

Thank you for applying for a volunteer position with ASPPIRE, Inc.