**Down East Partnership for Children**

 **VIRTUAL COMMUNITY FELLOWS PROGRAM APPLICATION 2021**

Thank you for considering a Down East Partnership for Children (DEPC) volunteering opportunity to participate in **the Virtual Community Fellows Program 2021.**

**Persons interested in applying for the *Free* Virtual Community Fellows 12-week leadership program only, please complete sections in red only: Part A, Part B1, Part C and signature and date at the bottom of the application form. Applicants must be 18 years or older to participate in the Virtual Community Fellows Free Leadership Program. Return applications to Viola Barnes-Gray** **vgray@depc.org** **at PO Box 1245, Rocky Mount, NC 27802 before January 29, 2020. Classes will be held on Monday nights from 5:30 pm – 7:00 pm beginning February 1, 2021 to April 19, 2021 2020.**

DEPC is committed to launching every child as a healthy, lifelong learner by the end of the third grade. All DEPC endeavors involve a partnership of volunteer and staff teams dedicated to supporting individuals and families in reaching their full potential in this COVID-19 virtual environment. Your service is needed and appreciated.

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| PART A: Please print. |
| Full Name: |       |       |       |
|  Last | First | M.I. |
| Address: |       |       |
|  Mailing Address | Apartment/Unit # |
|  |       |       |       |
|  City | State | ZIP Code |
| Home Phone: |       | Cell Phone: |        |
| Email: |       | Date of Birth: |       |
|  |  |  | *Required if under 18* |
| Best time to contact you: |       | Preferred Method of Contact: |       |
| Emergency Contact Name and Phone Number: |       |

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| **Please check how you learned about volunteering at DEPC.** |
| [ ] DEPC Staff | [ ] Community Fellows | [ ] Current Volunteer | [ ] Other (please name) |       |
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| **PART B: Please check the time(s) you are available to volunteer.** |
| **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** | **SATURDAY** | **SUNDAY** |
| [ ] morning | [ ] morning | [ ] morning | [ ] morning | [ ] morning | [ ] morning | [ ] morning |
| [ ] afternoon | [ ] afternoon | [ ] afternoon | [ ] afternoon | [ ] afternoon | [ ] afternoon | [ ] afternoon |
| [ ] evening  | [ ] evening  | [ ] evening  | [ ] evening  | [ ] evening  | [ ] evening  | [ ] evening  |

*Morning (8 am – 12 pm) Afternoon (12 pm – 5 pm) Evening (after 5 pm)*

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| **B 1 - Please check which description(s) fit your current status:** |
| [ ] Employed full-time | [ ] Student full-time | [ ] Retired | [ ] Stay-at-home parent |
| [ ] Employed part-time | [ ] Student part-time | [ ] Other (please name)  |       |
| **Please check what areas/programs you are interested in. Community Fellows check B1. (you may check more than one box):****[ ]  B1 – Virtual Community Fellows Program – participate in a *Free* 12-week leadership development program only** |
| [ ] Program: Volunteers working in program delivery or working to support program delivery. *Examples: Family services, Provider services, Healthy Kids Collaborative* |
| [ ] Special Events: Volunteers who plan, promote, and run events, that fall outside normal program activities. *Examples: Week of the Young Child, Business Expo, Community Booth* |
| [ ] Community Projects: Volunteers who support community service projects throughout Nash and Edgecombe counties. *Examples: Pre-K registration in local neighborhoods, and park clean-up days* |
| **PART C: Please print. Community Fellow applicants complete Part C in red below.** |
| **Current or Past Volunteer Experience/Training, Certification and/or Education or community work (related or other):** |
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| **Please share some of your personal reasons for wanting to participate in the Virtual Community Fellows Program. What is your vision for children and families in your community?****In volunteering to participate in the Virtual Community Fellows Free 12- week program, what do you hope to gain from the experience?** |
|  |
| **Please list two references.** |
| Name | Phone Number(s) | Relationship |
|       |       |       |
|       |       |       |
|  |
| **Please check whether you need any forms to be filled out by DEPC staff regarding this volunteer opportunity.** **(i.e. learning agreements for a graduate program, time logs, evaluations, etc)** |
| [ ] Yes (Please describe) |       | [ ] No |

**Consent to Collection and Disclosure:**

I understand that DEPC will be collecting, creating, using, and disclosing my personal information for the purpose of establishing and managing a volunteer relationship. I consent to DEPC doing so, and I also consent to the collection and use of my personal information in order to ensure the safety of DEPC participants, for statistical purposes, and to inform me about DEPC programs and services. I also consent to the use of any photographs which may be taken to be used by the DEPC in any local or national print or promotional production material. **By signing this form I agree that I’m in good health and mentally and physically able to complete assigned tasks**. *A background check will be required to participate in specific volunteer activities in this COVID-19 environment.*

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| **Applicant’s Signature Below:** |  | **Date Below:** |
|  |  |  |
| **Parent/Guardian Signature (if under 18 years of age)** |  | **Date** |
| Office Use Only |
| Date Received |  |