

DC Math Circle Volunteer Application

Thank you for your interest in the DC Math Circle at American University. Your interest and commitment is vital to our mission and to our success. We appreciate that you have selected the Math Circle as your contribution to educational enrichment in our city.

Please review the information package and fill out and return all application and agreement materials. (Exception: If you are a full-time employee of American University, then there is no need to fill out this form.)

EXPECTATIONS FOR VOLUNTEERS

Anyone who volunteers for any duty that puts them in contact with minors must undergo a background check, unless they have already had a background check through American University or the DC Public Schools during the past four years.

The DC Math Circle will usually communicate with volunteers via e-mail. All volunteers must present an e-mail address that they monitor regularly. Please notify dcmathcircle@american.edu of any changes to your mailing address, email address, or telephone number.

EMERGENCY PROTOCOL

In the case of an emergency, call Public Safety at 202-885-3636 and report the emergency to the nearest staff member.

If you come in contact with a suspicious person, do your best to provide Public Safety with as complete a description of the individual as possible, describing any unusual behavior. Do not attempt to approach a suspicious person yourself.

VOLUNTEER AGREEMENT

PART I: GENERAL INFORMATION

Name Mr./Ms./Mrs./Dr . _____

Address _____

City _____ State _____ Zip _____

Employer _____ Occupation _____

Phone (H) _____ (W) _____ Cell _____

Best time to call _____ E-mail _____

Emergency contact name _____ Phone _____

No specific experience or education is required, but if you have had any of the following experiences, please let us know.

Do you have experience working with minor children? If so, please tell us about it.

What is the most advanced math that you have studied?

Do you know American Sign Language? Yes No

PART II: UNIVERSITY REQUIRED INFORMATION

Previous Address if less than five (5) years:

Address _____ Zip _____

Previous Employer if less than five (5) years:

Address _____ Zip _____

Position _____ Telephone# _____

List experience you have with any other university:

References:

Please list individuals who are familiar with your character as it relates to working with youth. Give complete Names, Addresses, and Telephone Numbers.

- 1.
- 2.
- 3.

Additional Information:

- a. Do you use illegal drugs? Yes No
- b. Has your driver's license ever been suspended or revoked ? Yes No
- c. Have you even been convicted of a misdemeanor or felony? Yes No
- d. Other than the above, is there any fact or circumstance involving you or your background that would call into question your being entrusted with the supervision, guidance, or care of college students and minor children? Yes No

(Please feel free to add any additional information you feel is needed.)

I understand that the information that I have provided may be verified, if necessary, by contacting persons or organizations named in this application, or by contacting any persons or organizations that may have information concerning me. In accordance with American University policy, if your volunteer activities involve interaction with minor children, the University must have your permission to conduct a criminal background check prior to your participation in volunteer activities.

I understand that misrepresentation or omission of facts requested is cause for non-appointment or dismissal as a Volunteer.

PART III: TERMS AND CONDITIONS

1. Introduction. This Agreement is dated, _____, 201_ between American University ("University") and the Volunteer Services Provider ("Volunteer").
2. Services to be Performed. During the term of this Agreement, the Volunteer shall perform the following services: _____
3. Term of Agreement. The retainer of the Volunteer shall begin _____, and shall end _____, 201_, unless this Agreement is terminated earlier, as provided in Paragraph 10 of this Agreement.
4. Compensation. The Volunteer will receive no compensation for services.
5. Volunteer Status. The Volunteer shall not be considered under the provisions of this Agreement or otherwise as having an employee status or be extended coverage under unemployment and Workers' Compensation insurance, or be entitled to participate in any plans, arrangements or distributions by the University pertaining to or in connection with any pension, bonus or similar benefit plans.
6. The Volunteer has no power or authority to act for, represent, or bind the University in any manner.
7. University Policies. Volunteer agrees to comply with all University policies. Failure to do so will be considered a material breach of the Agreement.
8. Health and Medical Insurance. The Volunteer warrants that s/he carries health and medical insurance.
9. Indemnification/Hold Harmless. The Volunteer shall indemnify and hold harmless the University from any and all loss or damage to persons or property which the University or its employees may suffer on account of any act or omission of the Volunteer.
10. In consideration of the mutual agreements set forth in this Agreement, the Volunteer relieves, acquits, and forever discharges the University of and from any and all actions, courses of action, claims, demands, and damages on account of, or in any way growing out of any accident or occurrence transpiring during and under the terms of this Agreement, unless it is established that such accidents arose out of the negligent acts of the University, its agents or employees.
11. Confidential Information. In the course of performing services under this Agreement, the University may communicate information to the Volunteer or the Volunteer may have access to University information, which may or may not be related to this Agreement. The Volunteer shall treat all such information as confidential, whether or not it is identified as confidential. The Volunteer shall not disclose to any third party or use, for purposes not set forth in this Agreement, any reports, recommendations, opinions, and/or conclusions which Volunteer may provide to the University as part of his/her services.
12. Termination. The University or the Volunteer may terminate this Agreement at any time, upon written notice to the other party.

13. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the District of Columbia.

14. Signatures. With the consent of the University and the Volunteer, facsimile signatures will be considered originals in the execution of this Agreement.

15. Entire Agreement/Amendments. This Agreement contains the entire agreement of the University and the Volunteer and no terms may be modified or waived except by the mutual written consent of both the University and the Volunteer.

AMERICAN UNIVERSITY

VOLUNTEER

Signed: _____

Signed: _____

Title: _____

Signature: _____

Date: _____

Date: _____

If Volunteer is under the age of 18, please have your parent or legal guardian sign this agreement below:

Signed: _____

Signature: _____

Date: _____