



# VOLUNTEER Information & Application Packet

## Our Mission

I Am Who I Am Corporation's mission is to encourage, equip, and educate all teen girls and young woman with the skills to understand and affirm their true authenticity through innovative programs.

2020 Brooks Drive #106, District Heights, MD 20747  
240-292-9286 C# 240-286-6848  
[stephanie@iamwhoiammd.com](mailto:stephanie@iamwhoiammd.com)  
[www.iamwhoiammd.com](http://www.iamwhoiammd.com)



Dear Prospective Applicant:

Thank you for your interest in volunteering with I Am Who I Am Corporation (IAWIA)! We are very excited about this opportunity for you to join us in making IAWIA a safe and healthy environment for youth and young adults.

Our volunteers help us with every aspect of caring for our youth; you may be asked to cook, help with homework, go with us on outings, and other various youth activities. Volunteer shifts vary, so please ask what is available and let us know what you can do.

After filing out this application and being cleared by me, I will contact you to set up an interview time. If I think you will be a good fit for IAWIA, you will then need to attend orientation. During orientation you will learn more about the organization and volunteer opportunities.

Applications may be picked up, emailed, or faxed. Please call me at 240-292-9286 or email me at [stephanie@iamwhoiammd.com](mailto:stephanie@iamwhoiammd.com) if you have any questions or comments. Thank you again for your interest – I look forward to meeting you!

Thankfully,

*Stephanie Bryan*

Stephanie Bryan  
Executive Director  
I Am Who I Am Corp.

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## VOLUNTEER CRITERIA / CHECKLIST

IAWIA's Volunteer Program is a community of people who share a common interest – a commitment to the protection and safety of youth and young adults. Volunteers provide individualized attention to boost youth's self-esteem and brighten their lives.

We hope you will consider becoming a part of our family for the youth.

### Volunteer Criteria / Checklist

- At least 21 years or older
- Possess high school diploma or GED
- Be in good physical health

### Volunteer Checklist

- Volunteer Application
- Volunteer Questionnaire
- Confidentiality Policy
- Social Security Number – for Background purposes ONLY
- Discipline and Behavioral Management of Youth Form

All application forms should be returned either by dropping it off or by mail/fax to:

I Am Who I Am Corporation  
Attn: Stephanie Bryan  
2020 Brooks Drive #106  
District Heights, MD 20747  
Fax 240-667-7672

After completion of all the steps above, someone will contact you to set up an interview with the Board.

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## **VOLUNTEER POLICIES AND PROCEDURES**

- Volunteers should never be alone with any child
- Volunteers will ensure confidentiality and privacy in regard to the youth we serve. For this purpose, children should not be photographed.
- Volunteers should not take just one child to the restroom
- Volunteers may not discipline children; volunteers should respect and follow through with Board members redirection
- Volunteers should refrain from picking up children and carrying them on their back to prevent injury or any allegations of abuse.
- No one under the age of 18 may volunteer with the youth
- IAWIA reserves the right to terminate the volunteer relationship if the behavior and actions of a volunteer are found by the Executive Director to be contrary to the best interest of the youth.
- Drug or alcohol abuse will result in immediate termination of volunteer status.
- All IAWIA facilities that are used are non-smoking environments.

If you have any questions, feel free to ask any Board member.  
You can reach the Executive Director at 240-292-9286 or  
[stephanie@iamwhoiammd.com](mailto:stephanie@iamwhoiammd.com)



## VOLUNTEER OPPORTUNITIES

### Youth Volunteer

Youth volunteers greatly influence the daily workings of IAWIA. Volunteers serve our youth, ages 12-25, who have been brought to our organization, either by parents, friends, juvenile justice system or word of mouth. Having a friend that can talk to the youth, interact with them, tell them their stories, and just listen to them really makes a difference. Youth volunteers must commit to volunteer at least 1 time per month with IAWIA, except if you are volunteering for just one event (please see the Special Project volunteer description). Please see the Youth Volunteer Description for more information about his opportunity.

### IAWIA Youth Mentor / Special Projects Mentor

Volunteer mentors are collaborated with a mentee at IAWIA. IAWIA have programs for young adults ages 11+. These are youth from all social classes and some may have been through some sort of crisis (runaway, homeless, abuse/neglect, human trafficking, etc). Most of our youth do not have adults willing to invest time to get to know them, and with you wanting become a mentor is HUGE! Mentors become a friend a role model for a young adult who may not have anyone else. We encourage you to talk with your mentee and assist them in achieving personal, academic and career exploration goals. Mentors must commit to volunteer at least 1 time per week with IAWIA.

Special project volunteers are those that may not be able to commit to a regular schedule, but are interested in giving their time to IAWIA in other ways, or just a few events. Special project opportunities include field trips, conferences, parenting classes, and any other special events within the community. Opportunities to sign up for Special Projects are sent out monthly to all Special Projects Volunteers. You are welcome to take on as many projects as you like! Special Project Volunteers will get requirements for that specific event they want to assist with. Please see the Special Project Volunteer Description for more information about this opportunity.

### Administrative Volunteer

Administrative Volunteers work either from their home or at a specific location help is needed. If tidiness, organization, answering the phones, filing, calling for prices, or paperwork is your thing and you would like to donate your time to assist with occasional administrative needs, we'd love to have you! IAWIA has occasional tasks for administrative volunteers during business hours, Monday – Friday 9 -5 and occasional weekends. Administrative volunteers are notified on an as-needed basis. Please see the Administrative Volunteer Description for more information about this opportunity.

### Board Member

We look for a diverse background in our Board Members that is willing to help our young girls. Our volunteer Board of Directors is the governing body of IAWIA. Do you love working with teen girls? Do you have leadership skills? Are you willing to contribute to our organization to help support our programs? Then join us on the Board of Directors and become a member of our team.

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## VOLUNTEER APPLICATION

### Personal Background

Full Name \_\_\_\_\_ SSN# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

#### Education

School Attended	Name/Location (City/State)	Highest Level Completed	Course of Study/Major	Degree (Y/N)
High School				
College				
Graduate School				

### Employment History

Presently Employed: F/T \_\_\_\_\_ P/T \_\_\_\_\_ Self Employed: \_\_\_\_\_ Military \_\_\_\_\_ Not Working \_\_\_\_\_

Present/Last Employer: \_\_\_\_\_

Supervisors Name/Title \_\_\_\_\_

Mailing address \_\_\_\_\_

Phone \_\_\_\_\_ Position Held \_\_\_\_\_

Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Reason for Leaving

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## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Number \_\_\_\_\_ Work Number \_\_\_\_\_

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## Three Personal References

1. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

2. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

3. Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_

## Availability

We ask that you place a mark in the boxes in which you are available to volunteer. In addition to marking your availability, please note the total number of hours you wish to volunteer.

Shifts	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
9am –1pm							
1pm-5pm							
5pm-9pm							

Total hours a week you are wishing to volunteer \_\_\_\_\_



## Volunteer Opportunities

What opportunity are you interested in? (Mark an 'X' by all that apply)

\_\_\_\_\_ Youth Volunteer

\_\_\_\_\_ IAWIA Youth Mentor

\_\_\_\_\_ Special Project Volunteer

\_\_\_\_\_ Administrative Volunteer

\_\_\_\_\_ Board Member Volunteer

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### Civil and Criminal History

1. Have you ever been convicted of a felony OR misdemeanor? YES \_\_\_\_\_ No \_\_\_\_\_. If "yes" give details including date, place, nature of conviction, and disposition:
  
2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor, including deferred adjudication? YES \_\_\_\_\_ NO \_\_\_\_\_. If "yes", give details, including the type of charge:
  
3. Have you ever been OR are you currently being investigated for allegedly abusing, neglecting, or exploiting children, the elderly, or the disabled? YES \_\_\_\_\_ NO \_\_\_\_\_ If "yes", give details, including the county in which the investigation occurred, your date of birth, and any other names you may have used during this period:

### Please Read Carefully and Sign:

I hereby certify that the information provided on this volunteer application and accompanying resume, if any, is true and complete. I understand that any misinterpretation or omission of facts in the application or resume will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of references, record searches, and satisfactory completion of a probationary period. I understand that this application and any IAWIA document is not a contract of employment. If employed by IAWIA, I understand that such employment is at will and that either Agency or I may terminate the employment relationship for any reason at any time. I hereby authorize IAWIA to check my educational, personal, and employment references to release all information that have about me to IAWIA. I understand that a background check must be cleared for employment at IAWIA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

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## **VOLUNTEER QUESTIONNAIRE**

- 1. Why do you want to serve on the IAWIA Board of Directors?**
  
- 2. Do you have any certificates or training relating to youth? If so what?**
  
- 3. Please check the education or skills you will contribute to the board:**
  - **Management**
  - **Marketing**
  - **Events Planning**
  - **Public Relations**
  - **Fundraising**
  
- 4. How do you feel I AWIA would benefit from your involvement on the Board?**
  
  
  
  
  
  
  
  
  
  
- 5. Please list the boards and committees that you serve on, or have served on (business, civic, community, sorority, political, professional, recreational, religious, & social):**

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- 6. Which Board position would you like to hold and why?**
  
- 7. Please list any groups, organizations, or businesses that you could serve as a liaison to on behalf of (name of org).**
  
  
  
  
  
  
  
  
  
  
- 8. Please tell us anything else you would like to share?**
  
  
  
  
  
  
  
  
  
  
- 9. Would you be able to attend meetings on a regular basis? Circle: Yes/No**
  
  
  
  
  
  
  
  
  
  
- 10. Do you understand that we are a “working Board? Board members are required to serve on a committee do you understand: Circle: Yes/No**
  
  
  
  
  
  
  
  
  
  
- 11. Do you understand that Board member are expected to be active fundraisers for the organization? Circle: Yes/No**
  
  
  
  
  
  
  
  
  
  
- 12. Please give us an idea of the type of fundraising contact you have.**



## **CONFIDENTIALITY STATEMENT**

I understand and agree that information concerning IAWIA, its employees, volunteers, board members, and clients is confidential and is to be treated as such. I acknowledge and agree that I will not divulge or breach any confidences concerning IAWIA and the clients served.

As a volunteer or employee, I will inform clients of the agency policy regarding confidentiality. I understand that clients may give permission through a release of information for other persons or agencies to see their records. I acknowledge that minors do not have the authority to disclose their own records. I understand that staff and professional consultants will have access only to records with which they are professionally involved. I agree that I will release information only to authorized personnel of IAWIA unless otherwise authorized by state and federal laws.

As a board member, volunteer, or intern, I will adhere to confidentiality for all clients and refer all requests for information to staff.

I understand and agree that client records will be kept in a secure and confidential place and will be in a locked file when not in use.

I acknowledge and agree that the confidentiality for IAWIA and its clients will be maintained after termination of my employment.

I further acknowledge and understand that if I breach this promise of confidentiality, my employment, internship, or volunteer service may be terminated, and I may be held liable for damages.

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Signature

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Date

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Printed Name

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Position

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