



Helping Hands

A Parent Volunteer Exchange Program

BACKGROUND

Keystone SMILES (**S**ervice **M**aking an **I**mpact through **L**earning **E**xperiences with **S**tudents) strives to offer affordable summer and preschool programming to area families.

We understand, however, that there may be times when the cost of these programs presents a challenge for families for a variety of reasons.

It is our mission to ensure that all children have the opportunity for program services while meeting the agency's financial and resource obligations. As a means of helping a family finding themselves in a "season" of hardship, the Helping Hands Parent Volunteer Exchange Program has been established.

INFORMATION

Any family whose student(s) are enrolled in Keystone SMILES programming with financial hardship or sudden loss of income may elect to apply for the Parent Volunteer Exchange program.

In exchange for committing to volunteer service which supports Keystone SMILES, parents may receive a reduction of tuition fees in exchange for volunteering. All tuition fee decisions for the Helping Hands Parent Volunteer Program will be made by the Keystone SMILES Board of Directors.

Volunteer service may take the form of fundraising events, facility maintenance, or special community outreach activity support.

Send Completed Applications to:

Helping Hands
c/o Keystone SMILES
P O Box 352
Knox, PA 16232



Parent Volunteer Exchange Program

Application Form

Student Information

Parent Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: () Alternate Phone: ()

Financial Information

Total number in family at this residence related by blood, marriage or adoption: _____

Total Family Income, from all income sources below, for the prior 12 months: _____
(Wages/Salary, Unemployment Compensation, Social Security Income, Child Support, Military Income, Public Assistance)

Does your family have financial hardships that impact your ability to pay for preschool including, but not limited to loss of employment, family breakdown or divorce, serious illness, death, or natural disasters? YES NO

If yes, please explain:

Student Information

Number of children enrolled in Keystone SMILES programming (including applicant): _____

Please list children:

Name: _____ Birth date: _____ Name: _____ Birth date: _____

Name: _____ Birth date: _____ Name: _____ Birth date: _____

Volunteer Commitment

I commit my family to up to 10 hours of volunteer service as determined by the Board of Directors. Tuition assistance may be awarded from 20% - 100%. I understand my volunteer service should support Keystone SMILES program and may include activities outside the scope of my students' programming. Chaperoning my child's field trips is not an eligible volunteer activity.

Please indicate the type of volunteer service you are most comfortable with:

Food Preparation Cleaning Construction Projects Fundraising SMILES Community Outreach Projects

How long do you anticipate participating in the Parent Volunteer Exchange Program? _____

Parent Signature: _____ Date: _____