

Communities In Schools of Caldwell County

Helping Kids To Stay In School and Prepare For Life
616 Ashe Ave. NW ~ P.O. Box 959 ~ Lenoir, NC 28645
(828) 759-2852 ~ (828) 759-2853 fax

Volunteer Application Form

Name _____ Phone _____ E-mail _____

Home Address _____ City _____ Zip _____ Date _____

How long have you lived at this address? _____ List previous address if you have lived at current one less than two years. _____

How long have you lived in this county? _____

What county did you live in previously? _____

Employer _____ Your position _____

Work Phone _____ Hours _____ May we call you at work? _____

Marital status: Single ___ Married ___ Widowed ___ Divorced ___ Separated ___

Have you been convicted of any crime other than a minor traffic violation? ___ Yes or ___ No

Explain in detail on the back of this application, including the charges, you may use an extra sheet of paper if necessary.

Why are you interested in volunteering to work with youth? _____

List any experience working with young people. (i.e. church, scouts, etc.) Include dates.

What are your hobbies, skills, special talents, interests?

List professional organization or church involvement. _____

Indicate the following you are interested in:

___ Spending time mentoring one-on-one with a young person

___ Volunteering as a Lunch Buddy

___ Other

When are you available to perform volunteer services for Communities In Schools (see class schedule if necessary): Days _____ Time _____

Are you willing to commit to: One school year of service _____ Other _____
To provide job shadowing _____ To be a guest speaker _____

REFERENCES

List two references who have known you for at least one year:

Name (Nonrelated reference) _____ Address _____
City _____ State _____ Zip _____ Home Phone _____
Work phone _____

Name (Professional) _____ Address _____
City _____ State _____ Zip _____ Home phone _____
Work phone _____

If you have done volunteer work with young people prior to this time, list as a reference your supervisor(s) from that organization, even if it occurred in another state:

Name _____ Address _____
City _____ State _____ Zip _____ Home phone _____
Work phone _____

Thank you for volunteering with CISCC

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Criminal Background History Check

I, _____
First Name Middle Name Maiden Name Last Name

give *Communities In Schools of Caldwell County* permission to check my criminal and driving history, using the following information, through the local Sheriff's Department, Police Department, Clerk of Court or other. I understand this screening process is necessary for my qualification as a *Communities In Schools* volunteer. I will notify CIS if I am charged with or convicted of the commission of any crimes other than a speeding or moving violation.

Date of Birth _____ Driver's License Number _____

Social Security Number _____

(*Communities In Schools of Caldwell County* will take all reasonable precautions to keep all information confidential and protected)

I certify that all information on this application is true to the best of my knowledge. I understand that any false statements or withheld information on my part will be reason to disqualify me from serving as a volunteer. I give my full permission to the Director of this program to contact the references I have listed. I also understand there will be a criminal background and driving history check completed and this will be done annually. I understand that I may be denied participation in this program at any time if I should have a criminal record. I authorize the Director to inquire about my qualifications from any other people or organizations as deemed appropriate.

Signature of Applicant

Date

EQUAL OPPORTUNITY POLICY

It is the policy of *Communities In Schools of Caldwell County, Inc.* that applicants, employees, or volunteers are not to be discriminated against with regard to race, color, creed, sex, age, religion, physical impairment, national origin or veteran status.

For Office Use Only:

Applicant Approved: ___ yes ___ no Date Approved: _____

Board Reviewed: ___ yes ___ no

Approved by: _____ Signature: _____