

Communities In Schools of Caldwell County

Helping Kids To Stay In School and Prepare For Life
313 Ridge St. NW ~ P.O. Box 959 ~ Lenoir, NC 28645
(828) 929-2247 ~ (828) 499-0074 cell

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. Background checks are now run through the Caldwell County Schools BIB system and reviewed by the School Board.

Have you mentored with CIS in the past? _____ yes _____ no _____ where

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 Other: _____

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

Are you willing to commit to: One school year of service ___ Other _____. Or are you willing to provide job shadowing ___ or 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 _____

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.

PLEASE SUBMITT BACKGROUND CHECK TO THE FOLLOWING LINK.

To complete your background, check please go to the following **Website: <https://bib.com/ohs/caldwellcpbg>**

My background check has been submitted. All the information in this application is correct to the best of my knowledge.

Signature _____ Date _____

You must fill in all blanks on the background check form including your Social Security Number.

Thank you for volunteering with CISCC.

For Office Use Only:

Applicant Approved: ___ yes ___ no Date Approved: _____

Board Reviewed: ___ yes ___ no

Approved by: _____ Signature: _____