



Volunteer Application

Please check all that apply:

Mentor **Transportation** **Lunch Buddy**
 Teen Court **Tutor** **Group activities**
 Community Service & Restitution Supervisor **Other** _____

Name: _____

Address: _____

Home Phone: () _____ Cell (919) _____

Email address: _____

SS # _____ - _____ - _____ DOB: _____ NCDL # _____ Exp. Date: _____

How long have you lived at this address? _____

List previous address if you have lived at current address less than two years: _____

How long have you lived in this county? _____ In North Carolina? _____

Auto Insurance Carrier: _____ Insurance Exp. Date: ____ / ____ / ____ Date Verified: _____

Family Status: Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

Spouse's Name: _____

Names and ages of children in your home _____

Emergency Contact Person: _____ Relationship: _____

Work Phone: () _____ Home Phone: () _____

Cell: () _____

Employer: _____ Your Position: _____

Phone: () _____

Schedule: _____

May we call you at work? _____

How did you hear about Communities In Schools Chatham County? _____

Education: (degrees, majors, schools attended)

Why are you interested in volunteering? _____

Please list any experience working with youth; (i.e. church, scouts, etc.). Include dates.

List any other volunteer experiences _____

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

Please list clubs, professional organizations, church or temple affiliation (indicate offices held and year) _____

For Mentoring Program, Communities In Schools Chatham County requires that adult volunteers matched with youth to fulfill a minimum of one hour per week commitment for one year. Please list any extenuating circumstances that would prevent you from fulfilling the required time commitment. _____

Do you take any illegal drugs? _____

Do you have any history of excessive use of any drugs (over the counter, prescription, and/or alcohol)? _____

Have you ever been in treatment (i.e. abuse, alcohol, drugs, emotional problems, etc.)? If so, when and what were the results? _____

Have you ever been convicted of a misdemeanor or felony other than traffic offenses? _____

If yes, state offense and date of conviction _____

Have you ever been convicted of a traffic offense? If yes, dates: _____

List four references (not relatives) who have known you for at least one year. If employed, one must be your employer. Include complete contact information.

1. Name: _____
Address: _____
Home Phone: () _____ Work Phone: () _____
Email: _____

2. Name: _____
Address: _____
Home Phone: () _____ Work Phone: () _____
Email: _____

3. Name: _____
Address: _____
Home Phone: () _____ Work Phone: () _____
Email: _____

4. Name: _____
Address: _____
Home Phone: () _____ Work Phone: () _____
Email: _____

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

1. Name: _____
Address: _____
Home Phone:() _____ Work Phone: () _____
Email _____

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 will be reason to disqualify me from serving as Communities in Schools of Chatham County volunteer.

I give my permission to the CIS staff of this program to contact the references listed above. I also understand that a criminal background check will be conducted. Furthermore, I authorize the Director to inquire about my previous/present volunteer and work experience. I understand and agree that a negative reference may result in me not becoming Communities in Schools of Chatham County one-on-one volunteer.

Signature: _____

Date: _____

Please mail your completed, signed application and criminal history and driving check (Disclosure and Authorization Form) to:

Communities In Schools Chatham County
PO Box 903
Siler City, NC 27344 or email to : Shirille@cischatham.org

Questions? call: 919-663-0116

revised 8/2017