



## 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 \_\_\_\_\_

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

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

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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. \_\_\_\_\_

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Do you take any illegal drugs? \_\_\_\_\_

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

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

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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 : [Gwen@cischatham.org](mailto:Gwen@cischatham.org)**

Questions? call: 919-663-0116

*revised 8/2017*