



School Placement: _____

Volunteer Position(s): _____

Preferred Day/Time: _____

(for staff use only)

Volunteer Application

Please print neatly

Personal Information

Date _____

Name: _____
(First) (Last) (Maiden)

What do you prefer to be called? _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Single Married Number of Children: _____ Age of Children: _____

Occupation/Previous Occupation: _____

Employer Name: _____

Employer Address: _____
Street/City Zip

Highest Level of Education Completed: _____

Volunteer Information

1. Please list any previous volunteer experience: _____

2. How did you learn about this volunteer experience? _____

3. Please write a statement on why you would like to participate in the volunteer program.

4. Do you speak any language(s) other than English? (If yes, please list) _____

5. Do you have any hobbies, special talents or skills that could be helpful in volunteering?

6. What clubs or groups, if any, do you belong to? _____

7. Do you have an age preference for the student that you would like to work with?

8. Do you know what you would like to do as a volunteer?

9. What days/times are you available to volunteer?

Background/History

10. Within the past 10 years, have you been convicted of any felony or misdemeanor classified as an offense against a person or family, or an offense of public indecency or a violation involving a state/federally controlled substance? Yes No

11. Are you under current indictment or has a district/county attorney accepted an official complaint for any of the offenses in question #10? Yes No

12. If the answer is YES to questions 10 or 11 please explain below:

13. Please provide us with your personal definition of the following terms: physical abuse, sexual abuse, and emotional abuse. _____

14. Is there anything else you would like to share with us about yourself, or that we need to know?

Emergency Contact Name: _____ Contact Number: _____

REFERENCES: List two references, preferably who have known you for at least three years. References may be from your employer, friends, teachers, fellow employees, past volunteer supervisors or clergy. **Relatives may not be used as references.**

1) Name: _____ Relationship: _____

Daytime Phone: () _____ Years Known: _____

2) Name: _____ Relationship: _____

Daytime Phone: () _____ Years Known: _____

The above information is true to the best of my knowledge. I grant permission to contact the references provided. I acknowledge that CIS can refuse my services as a volunteer without explanation.

Signature: _____ **Date:** _____

CRIMINAL RECORD AUTHORIZATION FORM

Volunteer screening policies and procedures are very important to our organization's livelihood. Not only does volunteer screening keep unqualified applicants from becoming volunteers, but it is also required by our funders. We assure you the information you provide will be completely confidential, and thank you for understanding it is a necessity that we run background screens.

Please fill out the following form in **black or blue ink**. Forms must be **legible** and must be **printed on white paper**. The document must be in its original form and in compliance with the above listed specifications in order to be processed. **No faxed copies will be accepted.**

I authorize the City of Charleston Police Department and Communities In Schools of Charleston permission to run a criminal background check on me in order to volunteer for the 2011-2012 year.

_____/_____/_____
Signature Date

PLEASE PRINT

Volunteer Placement (School): _____

Name: _____
First Middle Last Maiden

Address: _____

City: _____ State: _____ Zip Code _____

Phone Number: _____ Work Number: _____
Area code first If applicable

Social Security Number: _____

Driver's License Number: _____ State of Issue: _____

Date of Birth:* _____ Place of Birth: _____

Gender:* M F Race:* _____

**This information will be used to properly identify you in the event we find adverse information during the course of our background search.*

***PLEASE RETURN THE COMPLETED FORM TO:
Communities In Schools of Charleston
Attn: Jennifer Paulsen
1090 East Montague Avenue
North Charleston, SC 29405**