



Volunteer Application

Please print neatly

Personal Information

Date _____

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

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-mail: _____

Date of Birth: _____

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

Do you have a child in a Charleston County School? ___ Yes ___ No

If so, which school? _____

Occupation/Previous Occupation: _____

Employer Name: _____

Employer Address: _____
Street/City Zip

Highest Level of Education Completed: _____

Volunteer Opportunities

Please check all opportunities which you are interested in:

___ One-on-one mentoring ___ After school tutoring
___ Group mentoring ___ Lunch Buddy
___ During school tutoring ___ Other _____

Time Commitment and Availability

Approximate numbers of hours you wish to volunteer each week: _____ hours

Day(s) Available: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Time Preference: _____ Mornings _____ Afternoons _____ Evenings
You may include specific times if you would like

School Placement: _____ (leave blank if you are unsure)

Please list any previous volunteer experience: _____

How did you learn about this volunteer experience? _____

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

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

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

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

Background/History

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

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

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

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

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:** _____