

**Communities In Schools Of Orange County
VOLUNTEER TUTOR/ MENTOR APPLICATION**

Email Application to volunteercis@gmail.com

Questions Please call 919-967-6677

Today's Date: _____

A. Personal Information:

Name: _____

Birthday: _____

Preferred Mailing Address:

Street Address	City	State	Zip
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Home Phone _____

Business Phone: _____

Email Address: _____

Job Title: _____

Company: _____

Work Address (*if applicable*):

Street Address	(Dept/ Building)	City	State	Zip
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Current Address:

Street Address	City	State	Zip
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Highest Grade or Degree Attained and Major:

College or University: _____

Where did you find out about this opportunity?

Why do you want to volunteer at CIS?

Hobbies/ Interests/ Talents: _____

Languages Spoken (*other than English*): _____

Indicate Health Restrictions: _____

Person to be notified in Case of Emergency:

Relationship:

Phone #(s)

Special Requests: _____ (Examples: handicapped or ethnic origin students)

School/Program Preferred (*if known*):

Commitment as a regular volunteer (*Calculate as one hour per session*): _____ hours per week

Do you have a car? Yes _____ NO _____

Please list below the days and hours available each week

Continue to the next page to complete background check.

B. Background Check

**Note: Applicant understands the importance of limiting volunteer opportunities in the schools to persons of good character and reputation in order to provide strong role models for children. Please list information again if duplicated at the top. (See above not acceptable)*

CIS conducts a criminal background check on volunteers; do you agree to this process?

_____ Yes _____ No

Full Legal Name _____

Date of Birth _____

Social Security Number _____

Sex: M F

Race: _____

Current Address

Permanent Address: _____

Have you ever been convicted of a felony? _____ Yes _____ No

If the above answer is yes, please explain: _____

Have you ever been convicted of possession, sale, or use of drugs?

_____ Yes _____ No

C. Declaration of Intent

I declare that all of the statements made in this application are true, complete, and correct to the best of my knowledge. By my signature on this document, I give permission for you to contact any of the references listed on this application. Furthermore, I hereby release all such persons/ institutions to furnish this information.

Signature of Applicant

Date

