

Volunteer Application

Personal

Information

|  |  |
| --- | --- |
| Name: |  |
| Street Address: |  |
| City / State / Zip Code: |  |
| Home Phone: |  |
| E-Mail Address: |  |
| Date of Birth: |  |
| Gender: |  |

# Availability

What days of the week are you available to volunteer? (Check all that apply)

\_\_\_Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday

# Educational Background (Mark one)

\_\_\_ Some High School

\_\_\_ High School Graduate

\_\_\_ Some College

\_\_\_ College Graduate

\_\_\_ Technical School

\_\_\_ Graduate/Professional School

\_\_\_ Other (Please specify)

# Hobbies (Mark all that apply)

\_\_\_ Sports

\_\_\_ Shopping

\_\_\_ Reading

\_\_\_ Video games

\_\_\_ Movies

\_\_\_ Writing

\_\_\_ Other (Please specify)

# Advocate/Volunteer History:

Have you ever been an advocate/volunteer with children? If yes, at what organization and for how long?

# Advocate Opportunities

Do you prefer to work with a specific gender? \_\_\_Female:\_\_\_\_Male:\_\_\_\_

Do you prefer to work with any specific grade levels? If so, please specify.

Do you prefer to work with a student at a specific campus?

\_\_\_ Burroughs-Molette Elementary \_\_\_\_ Goodyear Elementary\_\_\_\_Glynn Middle

\_\_\_\_ Risley Middle School \_\_\_\_ Brunswick High \_\_\_\_ Glynn Academy

What area of advocacy would you like to participate?

\_\_\_ One-to-One Mentoring \_\_\_\_ Group Tutoring \_\_\_\_ Tutoring

\_\_\_ Job Shadowing \_\_\_\_ Speaking Engagement \_\_\_\_ Supplies \_\_\_\_Snacks

Other, Please Explain:

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| --- |
| Special Skills or Qualifications Where did you hear about our Volunteer/Mentoring Program opportunity? |

# Current Work Information

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| --- | --- |
| Name of Employer: |  |
| Address: |  |
| City / State / Zip Code: |  |
| Work Phone: |  |
| Job Title: |  |
| Can you be contacted at work? |  |
| Business Hours: |  |
| Length of Employment: |  |

# References

Please list three references who have known you for more than one year. You are authorizing us to contact these references to evaluate your qualifications as a volunteer. *Do not include more than one family member.*

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| --- | --- |
| Name: |  |
| Street Address: |  |
| City / State / Zip Code: |  |
| Phone Number: |  |
| Relationship: |  |
|  | |
| Name: |  |
| Street Address: |  |
| City / State / Zip Code: |  |
| Phone Number: |  |
| Relationship: |  |
|  | |
| Name: |  |
| Street Address: |  |
| City / State / Zip Code: |  |
| Phone Number: |  |
| Relationship: |  |

# Background Verification

Have you ever been convicted of a crime? YES☐ NO☐ If yes, please explain:

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| --- |
|  |

Have you ever been charged with neglect, abuse, or assault? YES☐ NO☐ If yes, please explain:

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|  |

Do you have any physical limitations or are you under any course treatments, which might limit your ability to perform certain types of work? YES☐ NO☐ If yes, please explain:

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| --- |
|  |

# Agreement and Signature

\_\_\_ I understand that the volunteer/mentor program involves a 1 year commitment.

\_\_\_ I understand that the mentor program involves spending a minimum of four hours per month during the academic school year with an assigned student.

\_\_\_ I understand that I will be required to complete the mentor program orientation and at least two training sessions during the year.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent application forms, is grounds for dismissal.

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

Please submit the completed application to [ccate@cisglynn.org](mailto:ccate@cisglynn.org) or hand deliver to 2900 Albany Street Brunswick, GA 31520. Please call 912.262.3420 with any questions.

Thank you for your interest in the Communities In Schools of Glynn County Volunteer/Mentor Program.