

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

|  |  |
| --- | --- |
| 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.*

|  |  |
| --- | --- |
| 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:

|  |
| --- |
|   |

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

|  |
| --- |
|   |

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:

|  |
| --- |
|   |

# 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.

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

Signature Date

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

Printed Name

Please submit the completed application to 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.