



## Volunteer/Mentor Application

School Year: \_\_\_\_\_

Full Name:  Mr.  Mrs.  Ms. \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First, Middle, Last

Current Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_

Have you worked for CCPS in the past?  Yes  No

If "Yes" what school/location \_\_\_\_\_ and years of employment \_\_\_\_\_

Name during employment (if different from current name) \_\_\_\_\_

Occupation/Employer: \_\_\_\_\_ Do you have a valid driver's license?  Yes  No

State: \_\_\_\_\_ License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Are you a state employee?  Yes  No Would you like to volunteer using your 2 days?  Yes  No

Names of School-Age Children	Current Grade Level	School Attending

Specific mentoring program or area of volunteer service in which you are interested (chaperone, tutor, classroom assistance, material preparation, etc.)

\_\_\_\_\_

### Volunteer Experience

Agency	Title	Duties	Length of Service

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Other: \_\_\_\_\_

1. Have you been convicted of any offense involving the sexual molestation, sexual battery, physical abuse, sexual abuse or rape of a child?  Yes  No

2. Have you been convicted of a felony and/or misdemeanor?  Yes  No

If "Yes", please explain and give dates of conviction, type of conviction and jurisdiction where convicted.

\_\_\_\_\_

\_\_\_\_\_

3. Have you been investigated by the Department of Social Services (Child Protective Services Unit) for abuse or neglect with a result of "founded"?  Yes  No

To the best of my knowledge, all information contained in this application is complete and accurate.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Date