

Communities In Schools of Randolph County 1003 Sunset Avenue

PH: 336.625.0008 FX: 336.625.0058 www.cisrandolph.org

VOLUNTEER APPLICATION

(Please Print)

Applicant's Full Name:	Maiden Name:	
Address:		
City/State/Zip:	Cell Phone:	
Home Phone:	Work Phone:	
Place of Employment:		
Work Address:		
E-mail:	Fax #:	
Languages spoken (other than I	English):	
Gender: Male	Race: Black/African American	☐ White/Caucasian
☐ Female	☐ Other (please indicate):	☐ Hispanic/Latino
Date of Birth:	Social Security #:	This information is not shared but will be used for a background check, required for all volunteers working with students.
Have you lived in NC for the past 2 years? ☐ yes ☐ no In case of an emergency during you	If you have NOT lived in NC for the past 2 years, list other residences (street address, city, state, county) and how long for the prior 2 years (continue on back, if necessary). r volunteer service, please list the name and phone	number of whom to contact.
Name	Relationship	Phone Number(s)
Name	Relationship	Phone Number(s)
(other than traffic offenses)?	eted of, pleaded no contest to or received a prayer for \(\subseteq \text{Yes} \)	or judgment for a misdemeanor or felony No
If yes, please explain.		
	nade in this application are true, complete, and correct of Randolph County to conduct a criminal backgroully as long as I remain a volunteer.	
Signature of Applicant		Date