



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