



Communities In Schools of Peninsula
Volunteer Application
(Confidential)

Full name: _____ Date: _____

Permanent Address: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____

E-mail: _____

Employer: _____ Job Title: _____

Can you be contacted at work? Yes No Business hours: _____

Emergency Contact (Name and Phone #): _____

Are you a Peninsula School District Employee? Yes No

Why do you want to be a Communities In Schools of Peninsula Volunteer?

List previous work or experiences with young people (ie: church, Boy Scouts).

What skills do you feel you can offer a young person? _____

For mentors, can you meet with a child once a week during the school year?

Yes No

Have you ever been convicted of a crime? Yes No If so, please explain:

Hobbies/Interests: _____

References/Contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

How did you hear about Communities In Schools of Peninsula? _____

SCHOOL AND CISP USE ONLY:

Matched with: _____
(Student name)

Grade: _____ Teacher: _____

Program: _____

CHECKLIST:

Background/State Patrol check on file Yes No Date _____

Orientation Scheduled Yes No Date _____

Please send to:

Communities In Schools of Peninsula
PO Box 684, Vaughn, WA 98394, or FAX to 253-884-5734
Office Phone: 253-884-5733