



Full name: _____ Date: _____

Permanent Address: _____

Mailing Address (if different) _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Cell Phone Number: _____

Email _____

Employer: _____ Job Title: _____

Can you be contacted at work? _____ 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, etc.). _____

Have you ever been convicted of a crime? If so, please explain: _____



REFERENCES

Name Phone

Email

Name Phone

Email

Name Phone

Email

SUBMIT

CISP USE ONLY:

School Assignment: _____

Pre-Screen Interview: Date: _____

CISP Orientation: Date: _____

Background Check: Date: _____ Valid until: _____

Renewed BG Check: Date: _____ Valid Until: _____

Start Date: Date: _____

Inactive Date: Date: _____

Comments: _____

Send application to:

PO Box 684 Vaughn, WA 98394, FAX to 253-884-5734, or email to

cathy@cisofpeninsula.org

Office Phone: 253-509-9397