



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? _____ Business hours: _____

Emergency Contact (Name and Phone #): _____

Are you a Peninsula School District Employee? _____ Yes _____ No

Have you had the COVID vaccination(s)? _____ Yes _____ No
If so, which one? _____ Date(s) _____

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).

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



References/Contacts:

Name: _____ Phone: _____ email: _____

Name: _____ Phone: _____ email: _____

Name: _____ Phone: _____ email: _____

CISP USE ONLY:

Pre-Screen Interview: _____ Date: _____

School Assignment: _____

CISP Orientation Completed _____ Date: _____

School Site Orientation: _____ Date: _____

Background Check: Date: _____ Valid until: _____

Renewed BG Check: Date: _____ Valid Until: _____

COVID Vaccination _____ Date: _____

Volunteer Start _____ Date: _____

Inactive Date _____ Date: _____

Reason for departure _____

Comments: _____

Send application to:

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

myka@cisofpeninsula.org

Office Phone: **253-884-5733**