

# VOLUNTEER APPLICATION

Date of Volunteer Training You Attended/Will Attend: \_\_\_\_\_

Please select at least one volunteer option:

- Tutor                     
  Mentor                     
  Event volunteer                     
  IMAGES speaker

Applicant's Full Name \_\_\_\_\_

Gender: \_\_\_\_\_ (M or F)      Date of Birth (Month and Day): \_\_\_\_\_

Race: \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Work Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Your Preferred Volunteer Location:

**Schools**

- Athens HS                     
  Knightdale High  
 East Millbrook MS                     
  Millbrook ES  
 East Wake MS                     
  Millbrook HS  
 Fox Road ES                     
  Other: \_\_\_\_\_  
 Hodge Road ES  
 Knightdale ES

**Community Sites**

- Capitol Park LC  
 Duke Energy Progress LC @Chavis  
 PNC LC @Heritage  
 SAS LC @Kentwood  
 Mayview LC

Do you speak a second language? If yes, what language? \_\_\_\_\_

Where did you find out about this opportunity? \_\_\_\_\_

In case of an emergency during your volunteer service, please provide two emergency contacts:

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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**I CERTIFY THAT the statements made in this volunteer application are true and correct, and have been given voluntarily. If the information provided in this application is found to be untruthful, I understand that I will be released from the volunteer program. I UNDERSTAND that I will not be paid for my services as a volunteer, and that filling out an application for the program does not guarantee acceptance into a volunteer position.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## CONFIDENTIALITY AND LIABILITY FORM

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### **Confidentiality**

Confidentiality is essential. As a volunteer, sensitive information may be shared with you, either by the student or by other professionals at the school or CIS Wake environment. It is very important that the sensitive information not be shared with others, unless it is information that should be shared with the administration at the school. For example, it will not be viewed as a breach of confidentiality to discuss life threatening or health situations involving your student with the administration at the school. In fact, the information must be reported, and this procedure is consistent with North Carolina General Statutes.

As a volunteer tutor/mentor, I promise not to share any confidential information about my student, about his/her family, or CIS Wake with other individuals outside of the administration at the school and/or CIS Wake environment.

### **Liability Waiver**

I, and my heirs, in consideration of my volunteer service with CIS Wake program, hereby release CIS Wake, its officers, employees and agents, and any other people officially connected with CIS Wake, from any and all liability for damage to or loss of personal property, sickness, or injury from whatever source, legal claims, death, or loss of money, which might occur while volunteering. I am aware of the risks of participation. I understand that participation is strictly voluntary and I freely choose to participate. I understand that CIS Wake does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my participation.

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Volunteer Signature

Date