

VOLUNTEER APPLICATION

Date of Volunteer Training You Attended/Will Attend: _____

Applicant's Full Name _____

Please select at least one volunteer option:

- Tutor**
 Mentor
 Event volunteer
 IMAGES speaker

Gender: _____ (Male, Female, Non-binary) **Date of Birth (Month and Day):** _____

Race/Ethnicity: _____

Address _____ **Home Phone** _____

Place of Employment _____ **Work Phone** _____

Work Address _____

E-mail Address _____

Your Preferred Volunteer Location:

School Locations

- Durant MS
- East Millbrook MS
- East Wake MS
- Ligon MS
- Wendell MS
- Other: _____

Community Locations

- Duke Energy Learning Center @Chavis
- Heritage Learning Center
- Kentwood Learning Center
- Mayview Learning Center
- Other: _____

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
Name	Relationship	Phone Number

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.



Date

CONFIDENTIALITY AND LIABILITY FORM

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.

Volunteer Signature

Date



Background Check Authorization

Please check if you have completed a CIS Wake online background check. If completed online, only please print your name, DOB, last four of your social security number and sign below.

Print Name: _____
(First) (Middle) (Last)

Gender: _____ Race: _____

Former Name(s) and Dates Used: _____

Current Address Since: _____
(MM/YYYY) (Street) (City) (State/ Zip)

Previous Address From: _____
(MM/YYYY) (Street) (City) (State/ Zip)

Previous Address From: _____
(MM/YYYY) (Street) (City) (State/ Zip)

Social Security Number: _____ -- _____ -- _____ DOB: _____

Telephone Number: _____ -- _____ -- _____

Driver's License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize **Communities in Schools of Wake County** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports; current and previous residents; employment history; education background; character references; drug testing; civil and criminal history records including sex offender registry, from any criminal justice agency in any or all federal, state, county jurisdictions; driving records; birth records and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me to **Communities in Schools of Wake County** or its agents. I further authorize the complete release of any records or data pertaining to me that the individual, company, firm, corporation or public agency may have, to include information or data received from other sources. **Communities in Schools of Wake County** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.



Communities
In Schools

Wake County

Applicant's Signature: _____

Date: _____