



**Communities In Schools of Pitt County**  
**P.O. Box 124**  
**Greenville, NC 27835**  
**252-757-9349 Fax 252-757-3505**  
**2008 Volunteer Application**

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F SSN \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Occupation: \_\_\_\_\_ Do you speak a second language? \_\_\_\_ If yes please  
Tell us what language \_\_\_\_\_

Please provide the name and phone number of two references, including your current supervisor or manager, if applicable. Please do not list relatives.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

In Case of an Emergency please contact Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to you \_\_\_\_\_

A criminal background check will be done. Do you object? Yes No

Please indicate the school and/or program at which you are interested in volunteering:

Leaders for Lunch \_\_\_\_\_ Girl Power \_\_\_\_\_

Tutoring: Pitt County Schools (please indicate a specific school): \_\_\_\_\_

The Reality Store Power of One Mentoring Program

General Office

Would you like to serve as a: (check all that apply) Tutor Mentor General Volunteer

Speaker (List area of expertise or topic/subject interest) \_\_\_\_\_

Have you tutored/mentored before? Yes No If yes, where? \_\_\_\_\_

Please indicate your availability (rank preference in regards to days of the week):

1<sup>st</sup>: \_\_\_\_\_ 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_

Please indicate what time during the day is best for you: \_\_\_\_\_

How did you hear about Communities In Schools? (Please be specific) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_