



**Communities in Schools of Durham**  
**Volunteer Application**

Name: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip : \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_

NCDL# \_\_\_\_\_ EXP. Date \_\_\_\_\_

How long have you lived in this address? \_\_\_\_\_

Previous Address if you have lived at current address less than two years:  
\_\_\_\_\_

How long have you lived in Durham County? \_\_\_\_\_ In NC? \_\_\_\_\_

Family Status: Single: \_\_\_\_ Married: \_\_\_\_ Widowed: \_\_\_\_ Divorced: \_\_\_\_ Separated: \_\_\_\_

Spouse's Name: \_\_\_\_\_

Names and Ages of Children at Home:  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Employer: \_\_\_\_\_ Job Position: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Schedule: \_\_\_\_\_

Can we call during work hours? \_\_\_\_\_

Education (Schools/ Majors/ Degrees):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why are you interested in Volunteering?  
\_\_\_\_\_  
\_\_\_\_\_

Please list any experience working with youth (i.e., church, scouts, etc.) / Please Include Dates:

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List other volunteer experiences:

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Do you have any hobbies, skills, interests?

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List clubs, organizations, church/temple affiliations:

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Please Check all that Apply:

- |   |   |
|---|---|
| <input type="checkbox"/> One-on-one mentoring with a youth  | <input type="checkbox"/> Transportation   |
| <input type="checkbox"/> Teaching a skill or a hobby to a youth                                     | <input type="checkbox"/> Fundraising      |
| <input type="checkbox"/> Tutoring   | <input type="checkbox"/> Group Activities |
| <input type="checkbox"/> Donating professional services, i.e., medical, dental, legal artwork, etc. |   |

Communities in Schools of Durham requires that adult volunteers matched with youth to fulfill a minimum of one hour per week commitment for one year. Please list any circumstances that would prevent you from fulfilling the required time commitment.

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Do you take illegal drugs? \_\_\_\_\_

Do you have a history of excessive use of any drugs (over the counter, prescription, and/or alcohol)? \_\_\_\_\_

Have you ever been convicted of a misdemeanor or felony other than traffic offenses? \_\_\_\_\_

If yes, state offense and date: \_\_\_\_\_

Have you ever been convicted of a traffic offense? \_\_\_\_\_

If yes, state offense and date: \_\_\_\_\_

**List references (non-relatives) who have known you for at least a year. One must be your employer. Include mailing addresses.**

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_
2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_
3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_
4. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City State Zip  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

If you have done volunteer work with a youth prior to this time, list as a reference your supervisor(s)

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

I certify that all information on this application is true to the best of my knowledge. I understand that any false statements or withheld information will be reason to disqualify me from serving as a Communities in Schools of Durham Volunteer.

I give my permission to the Director of this program to contact the references listed above. I also understand that a criminal background check will be conducted. Furthermore, I authorize the Director to inquire about my previous/ present volunteer and work experience. I understand and agree that a negative reference may result in me not becoming a Communities in School of Durham one-on-one volunteer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please Email/ mail your completed application and authorization to run a criminal background/ driver license check to:

Tavaris Adams - tavaris@cisdurham.org

Communities in Schools of Durham

3412 Westgate Dr,

Durham, NC 27707

Questions? Please contact us at: (919) 403-1936

