



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):

1st: _____ 2nd: _____ 3rd: _____

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

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

Signature _____ Date _____