



Submitted By: _____
CIS Staff Name

Communities In Schools VOLUNTEER/MENTOR APPLICATION

Name _____ Social Security Number _____

Date of Birth _____ Drivers License Number _____ State _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Employer _____

Address _____

City _____ State _____ Zip _____

Supervisor _____ Office/Department _____ Phone _____

Previous Employer (if less than 2 years) _____

Profile Survey

Sex: Male Female

Ethnicity: White Hispanic African American Asian Other _____

Would you like us to keep your employer informed of your volunteer service and achievement?
Yes No

Will your employer permit you to volunteer during school hours?
(9:00 a.m. to 4:00 p.m.)

Have you ever been arrested? Yes No

If yes, please explain.

Mentor Name-

Site Location-

Mentor References

Please list one (1) reference who has known you for at least one (1) year, whom we may contact. Please give complete addresses and phone numbers. References will be contacted by mail or phone, and remain strictly confidential.

Name	Daytime Phone	Evening Phone
Address		
City	State	Zip
Relationship to Applicant		

The undersigned acknowledges and agrees that (1) he/she is obligated if called upon to perform the volunteer services herein applied for, and that the CIS Mentor Program actively seek to assign him/her a CIS student; (2) as a part of the CIS Mentor Program's matching process, additional personal information may be elicited from the applicant by the Mentor Program Team; (3) the CIS Mentor Program has the applicant's permission to contact references and to conduct background checks with the Department of Motor Vehicles, the State Police and the Child Abuse Registry; (4) he/she will not have contact with the student outside of the planned program; and (5) the CIS Mentor Program reserves the right at all times to terminate any match between any volunteer and student, for whatever cause.

I declare that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief.

Applicant's signature: _____ Date: _____

PLEASE READ CAREFULLY BEFORE SIGNING

If I am matched with a student, I agree to abide by the following terms regulating my volunteer activities:

1. Participate in the program for a minimum of 4 weeks (1 month).
2. Be willing to be screened/interviewed at initial entry into the program.
3. Attend a scheduled orientation and any in-service training I feel will help in my role as a mentor.
4. Follow the Standards of Conduct and Code of Ethics for Education by adhering to the program's policies and maintaining the **confidentiality** of the mentor relationship.
5. Meet face to face with my student at least once every week.
6. Notify the program liaison or school if unable to keep an appointment with my student.
7. Keep campus contact person informed about mentorship program.
8. Volunteers must be supervised by CIS staff, a teacher, or Volunteer Coordinator at all times.
9. Provide authority to Communities In Schools, CCISD Juvenile Justice Center, and Volunteer Center to verify all information found on this application through a background check.

Name	Date
Communities In Schools P.O. Box 331203 Corpus Christi, Tx 78463-1203	