



Communities
In Schools

Arizona

VOLUNTEER APPLICATION

Date _____

Date Received _____

Interview Date _____

Name: _____
(Please list any alternate Last Names: _____)

Address: _____
City State Zip

Phone: Home _____ Work _____ Cell _____

Employer: _____

Does your employer participate in Corporate Giving programs? Yes No

Email Address: _____

Emergency Contact: _____ Phone: _____

Desired Schedule

Please describe the week days and times that you are available to volunteer:

I would like to work with: (Please check one)

- Students
- Adults (Office or Site staff)
- Both
- No preference
- I would rather work on projects that do not involve personal interaction (e.g. web design, data entry)

What skills, professional or personal, do you have that can contribute to our programs?

Do you speak any other languages besides English? Yes No

If yes, which language? _____

Would you be willing to act as translator if needed? Yes No

What geographic area would you prefer to volunteer in: (Check all that apply)

- Central Phoenix
- North Central Phoenix
- South Phoenix
- Glendale
- West Valley
- Tempe

Do you have a current State of Arizona Fingerprint Clearance Card? _____

Birthday _____
(birth date is used only for
background checks)

Gender: Male Female

How did you hear about Communities In Schools of Arizona?

Why do you want to volunteer with Communities In Schools of Arizona? _____

Describe all previous volunteer experience you have including organization name and your volunteer responsibilities. _____

Fill out only if applying for All Star Kids Tutoring:

Drivers License #:	_____
Can you make a weekly commitment?	Yes/No
What school would you prefer to work in? (please refer to the list of partner schools on the ASKT website)	_____
Will you be doing this for school credit?	Yes/No
Have you ever been convicted of a felony?	Yes/No
Have you ever plead guilty or been convicted of any other type of crime?	Yes/No
If yes, please explain	_____

References: List any previous volunteer managers or personal references (other than family)

Name _____ Relationship & Phone _____

Name _____ Relationship & Phone _____

Name _____ Relationship & Phone _____

A background check is required for all volunteers to insure the safety of all students. Volunteers must agree to a criminal background check prior to acceptance into the CISA volunteer program. Volunteers refusing background checks will not be considered for a volunteer position with CISA.

Social Security # _____

Communities In Schools of Arizona is hereby authorized to check references and to perform a criminal background check to verify the above information. I understand that I am subject to dismissal from my volunteer position at any time if any of the information on this application is false or has been omitted.

Volunteer Signature

Date

Parent Signature (if Volunteer is under 18)

Date

Please complete and return this form to:

Volunteer Department
Communities In Schools of Arizona
333 E. Virginia Ave, Suite 208
Phoenix, AZ 85004
volunteer@cisarizona.org
Fax: (602) 252-5314