



Communities In Schools Of Brazoria County & Southeast Harris Co., Inc.

Mentor Application

VOLUNTEER OPPORTUNITIES FOR WORKING
WITH CHILDREN AGES 6-18 YEARS

Program Year 2018 – 2019

Please complete and return this Volunteer Application to any Communities In Schools (CIS) or Afterschool Centers on Education (ACE) staff member.

For additional information please contact:

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COMMUNITIES IN SCHOOLS
Mentor Enrollment Form

Name: _____ Date of Birth: _____ Age: _____
Address: _____ City _____ State: _____ Zip Code: _____
Phone: (cell) _____ (hm) _____ E-mail: _____
Emergency Contact: _____ Phone: _____

I. GENERAL INFORMATION & AVAILABILITY

Hobbies, skills, interests: _____

Current Occupation: _____

Previous Volunteer Experience: _____

Do you speak a foreign language: _____ If yes, please specify: _____

What do you hope to gain from volunteering?

Please write in the times on the days you are available to volunteer?

Monday: _____ Tuesday: _____ Wednesday: _____
Thursday: _____ Friday: _____

II. PREFERENCES IN VOLUNTEERING

Please check all that apply:

- Individual students
- Small groups of students (5-8)
- Elementary School (2nd – 4th/5th grade)
- Middle School (5th – 6th grade)
- Intermediate School (6th – 8th grade)
- High School (9th – 12th grade)
- Alvin Family Community Center
- Mentoring

III. BACKGROUND VERIFICATION-Please circle Yes or No

1. Have you ever been convicted of a criminal offense?
YES or NO
2. Have you ever been charged with neglect, abuse, or assault?
YES or NO
3. Has your driver's license ever been suspended or revoked in any state?
YES or NO
4. Do you use illegal drugs?
YES or NO
5. Do you have any physical limitations or are you under any course of treatment that might limit your ability to perform certain types of work?
YES or NO

If yes, please explain _____



Permission to Perform Background Check

Texas State law and School district policies require that we do background checks on all volunteers.

I hereby allow CIS to perform a check of my background, including:

- Criminal Record
- Driving Record
- Past Employment/volunteer history
- Educational/professional status
- Personal References

and other persons or sources as appropriate for the volunteer jobs in which I have expressed an interest.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the desired volunteer work and such other information, as they deem appropriate.

Signed: _____ Date: _____

Printed Name: _____

SS #: _____ DL/ID#: _____

Sex: F M (circle one) Date of Birth: _____ (this information is required)

Submitted by: _____ Campus: _____

<p>COMMUNITIES IN SCHOOLS SPANISH</p> <p>Forma de Registración de Voluntario</p>

Nombre: _____ Fecha de Nacimiento: _____ Edad: _____

Dirección: _____ Ciudad: _____ Estado: _____ Código Postal: _____

Teléfono: (celular) _____ (casa) _____ (correo electrónico) _____

Contacto de Emergencia: _____ Teléfono: _____

IV. Información General y Disponibilidad

Aficiones, habilidades, y intereses: _____

Ocupación Actual: _____

Experiencia voluntaria previa: _____

Usted habla un idioma extranjero: _____ Si es así, por favor especifique: _____

Que le gustaría obtener de ser voluntario?

Que horarios estarías disponible para ser voluntario?

Lunes: _____ Martes: _____ Miércoles: _____

Jueves: _____ Viernes: _____

V. PREFERENCIAS EN EL VOLUNTARIO

Por favor marque todas las que apliquen:

- Estudiante Individual
- Grupo pequeño de estudiantes (5-8 grado)
- Escuela Primaria (2do-4to/5to grado)
- Escuela Secundaria (5to – 6to grado)
- Escuela Intermedia (6to – 8o grado)
- Preparatoria (9th – 12th grade)
- Centro Comunitario de Alvin
- Mentor

VI. VERIFICACION DE ANTECEDENTES

6. Ha sido convicto de una ofensa criminal?

SI o NO

7. Ha sido acusado de negligencia, abuso, o asalto?

SI o NO

8. Ha sido su licencia de conducir suspendida o revocada en algun estado?

SI o NO

9. Usa drogas ilegales?

SI o NO

10. Tiene alguna limitacion fisica o estas bajo cualquier curso de tratamiento que podría limitar su habilidad para realizar ciertos tipos de trabajos?

SI o NO