



**FOR OFFICE
USE ONLY:**
 _____ REF.
 _____ BKG
 _____ LGL

Adult Volunteer Application

Communities In Schools of Georgia in Marietta/Cobb County, Inc.
 328 Alexander Street, Suite 10
 Marietta, GA 30060
Phone: 678-503-0901

First Name _____ Initial _____ Last Name _____
 Address _____ Apt. _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Business Phone _____
 E-Mail _____ Fax _____
 Date of Birth _____(MM/DD/YYYY)
 Misdemeanor/Felony Conviction: Y N Please Explain _____
 Gender: M F Ethnicity (Optional) _____
 Employer _____ Occupation _____
 Education & Degree _____
 Languages (Speaking/Reading/Writing) _____
 Talents/Skills/Interest _____
 Contact In Case of Emergency: _____ Relationship _____
 Phone _____

How Did You Learn About Communities In Schools of Georgia in Marietta/Cobb County, Inc.

Name _____

Physical Accommodations Needed:

When are you available? Give Days and Hours.

Morning (9-12) _____ Afternoon (1-6) _____

In what capacity would you like to volunteer?

- Mentoring Tutoring GA Literacy Program CIS-MCC Office

What school location are you interested in volunteering (Circle all that apply)? Osborne HS, Marietta HS, Pebblebrook HS, Marietta MS, Marietta PLC, Cobb Horizon High School, Hickory Hills ES, Dunleith ES, Sawyer Road ES, South Cobb HS

REFERENCES (please provide two): Full mailing address needed.

Name		
Address		

City/State/Zip	
<p>I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein the references listed to give any and all pertinent information concerning my employment, personal issues, or other matters, and release all parties from all liability for damage that may result from furnishing same to you.</p> <p>Signed: _____ Date: _____</p>	

STATEMENT OF RESPONSIBILITY

As a volunteer at Communities In Schools of Georgia in Marietta Cobb County, Inc., I pledge to hold in strict confidence, all personal and official matters which come to my attention.

It is my responsibility to respect and preserve the privacy of the children as well as any detail involved.

Volunteer's Signature **Date**

STATEMENT OF UNDERSTANDING

In case of accident or injury, I specifically release Communities In Schools of Georgia in Marietta Cobb County, Inc. and all others from any liability or other obligation.

Volunteer's Signature **Date**

CONSENT TO PHOTOGRAPH/QUOTE

I grant permission to use my name/image, in photographs or quotations to be published in print (newsletter, brochures, newspapers etc.), used in videos, shown on television, or on the Internet, in conjunction with media coverage of events taking place involving Communities In Schools of Georgia in Marietta Cobb County, Inc. or public relations work done for Communities In Schools of Georgia in Marietta Cobb County, Inc.

Volunteer's Signature **Date**