

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 Email: nrutledge@cisgeorgia.org

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 _____

Physical Accommodations Needed:

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

Name _____

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
- Pebblebrook HS,
- Marietta MS
- Marietta Sixth Grade Academy,
- Bryant ES
- Dunlieth ES
- South Cobb HS
- Garrett MS
- Cobb Horizons HS
- Sawyer Road ES

REFERENCES (please provide two): Full mailing address need

Name		
Address		
City/State/Zip		
Phone		
Email		

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.
Signed: _____ Date: _____

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

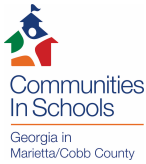
In case of accident or injury, I specifically release Communities In Schools of Georgia in Marietta Cobb County, Inc. and all others from any liability or other obligation.

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**



Background Investigation Release Form

I _____ hereby authorize The Phillips Agency, Inc and/or its agents to conduct an investigation of my Criminal Record including any records maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application. I also authorize The Phillips Agency to obtain information regarding my Employment History, Education History, Driving History and Credit History. I release The Phillips Agency, Inc and/or its agencies and any person or entity which provides information to The Phillips Agency, Inc from any and all liabilities, claims or lawsuits in regard to the information obtained from any and all of the above referenced sources. I also understand and will expect that The Phillips Agency, Inc may contact me before conducting the investigation to obtain other relevant information and to confirm my consent to this investigation. A photocopy of this authorization shall be deemed an original and shall be accepted as such by every person.

_____ Signature _____ / / _____ Date

Please print the following information clearly

_____ Last Name First Name Middle Name

Please list any names you have been known by, employed or obtained credit as below

<u>Personal Information</u>					
_____ / / _____ Date of Birth		_____ --- --- _____ Social Security Number			
_____ Drivers License Number		_____ Drivers License State		_____ Sex _____ Race	
<u>Present Address</u>			<u>Former Address</u>		
_____ Street Address			_____ Street Address		
_____ City _____ State _____ Zip			_____ City _____ State _____ Zip		

Services Requested: OFFICE USE ONLY

- ___ Criminal Search _____ / _____ / _____
- ___ Driving History
- ___ Credit History
- ___ SSN Trace/Verification

- ___ OFAC Report
- ___ OIG Excluded Parties Report
- ___ Employment Verification
- ___ Education Verification