COPS 'N KIDS READING CENTER, INC.

Julia M. Witherspoon – Founder/Executive Director 800 Villa Street Racine, WI 53403 262-632-1606 or 262-994-4072 www.cops-n-kids.org

VOLUNTEER APPLICATION

INSTRUCTIONS:

Please answer each question completely and accurately. NO ACTION CAN BE TAKEN ON THIS APPLICATION UNTIL ALL QUESTIONS HAVE BEEN ANSWERED. Use blank paper if you do not have enough room on this one. PLEASE PRINT, except for your signature. All information will be held in strict confidence.

PERSONAL DATA:			Today's Date:		
Name:			Da	nte of Birth:	
	(Last)	(First)	(Middle)		
Address:					
	(Street)	(City)	(State)	(Zip Code)	
List any address o	utside Racine Cou	nty where you have lived wi	thin the past 10 years	•	
Phone Number			E-Mail		
EDUCATION RE	CORDS:				
(Elementary Sc	hool)		(City)		(State)
(Middle School))		(City)		(State)
(High School)			(City)		(State)
(College)			(City)		(State)
Highest Grade Co	mpleted:	Equivalency/GED: _	Yes No	Date Completed: _	
Please share with u	us special skills/tra	ining:			
Teacher	Computer	ManagementSk	illed Trade M	ath Clerical	Writing
Legal	Reading	Grant Writing	Public Relations	Language (Othe	r than English
Days & Hours Ava	ailable:				_ 1

The children come to the C	Center @ 800 Villa	Street, Mone	day thru Thursday f	rom 4:00 – 6:00 pm.
I would like to be a I am available				Thursday from 4:00 – 6:00 pm.
I would like to assist				Thursday from 4:00 – 6:00 pm.
I would like to do o I am available from		_ Wednesday	Thursday	
GENERAL:				
Do you have a valid Driver	's License?	_Yes	No	
Driver's license number: _			State	: Expiration Date:
Insurance Company:			Addr	ess:
Please list any other names	s you have used: _			
Have you ever been convious.)	cted of a felony?	Ye	s No	(Conviction will not necessarily disqualify
If yes, please explain:				
	?nter to volunteer?	Drive	Bus	Graduation Year: WalkParentOther
EMPLOYMENT INFORM	MATION:			
Employer/Name of Business:			Supervisor:	
Address:			Phone Number:	
Position Held:				Title:
Dates Employed From:	1	Го:	Reason fo	r Leaving:
Duties:				
Specific Equipment Operated	:			

Employer/Name of Business:		Supervisor:
Address:		Phone Number:
Position Held:		Title:
Dates Employed From:	To:	Reason for Leaving:
Duties:		
Specific Equipment Operated:		
Employer/Name of Business:		Supervisor:
Address:		Phone Number:
Position Held:		Title:
Dates Employed From:	To:	Reason for Leaving:
Duties:		
Specific Equipment Operated:		
Employer/Name of Business:		Supervisor:
		Phone Number:
		Title:
Dates Employed From:	To:	Reason for Leaving:
Duties:		
Specific Equipment Operated:		
to the best of my knowledge and bel in this application or any supplemen volunteering. I understand that an and police background investigatio agency, court, association, school, c information pertaining to me, to fu	lief. I understand that its thereto, is cause for y volunteer assignment in. I voluntarily authollege, university or intrnish such informations as a said parties from a	oing questions and the statements made by me are full and true t any false information, omissions or misrepresentation of facts rejection of my application or discharge at any time during my nts will be contingent upon the completion of reference checks norize every person, firm, company, corporation, government astitution having control of any documents, records and other on in their files to the Cops 'N Kids Reading Center, Inc. or any liability to claim whatsoever for issuing this information.
Applicant's Signature:		Date: