

# 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](http://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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

List any address outside Racine County where you have lived within the past 10 years. \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### EDUCATION RECORDS:

\_\_\_\_\_  
(Elementary School) (City) (State)

\_\_\_\_\_  
(Middle School) (City) (State)

\_\_\_\_\_  
(High School) (City) (State)

\_\_\_\_\_  
(College) (City) (State)

Highest Grade Completed: \_\_\_\_\_ Equivalency/GED: \_\_\_\_\_ Yes \_\_\_\_\_ No Date Completed: \_\_\_\_\_

Please share with us special skills/training: \_\_\_\_\_

\_\_\_\_ Teacher \_\_\_\_\_ Computer \_\_\_\_\_ Management \_\_\_\_\_ Skilled Trade \_\_\_\_\_ Math \_\_\_\_\_ Clerical \_\_\_\_\_ Writing

\_\_\_\_ Legal \_\_\_\_\_ Reading \_\_\_\_\_ Grant Writing \_\_\_\_\_ Public Relations \_\_\_\_\_ Language (Other than English)

Days & Hours Available: \_\_\_\_\_ 1

**GENERAL:**

Do you have a valid Driver's License?  Yes  No

Driver's license number: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Address: \_\_\_\_\_

Please list any other names you have used (include Maiden name): \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No (Conviction will not necessarily disqualify you.)

If yes, please explain: \_\_\_\_\_

---

**STUDENT VOLUNTEERS ONLY:**

What school do you attend? \_\_\_\_\_ Grade: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

How will you get to the Center to volunteer?  Drive  Bus  Walk  Parent  Other

If other, please explain: \_\_\_\_\_

---

**EMPLOYMENT INFORMATION:**

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: \_\_\_\_\_

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: \_\_\_\_\_

I hereby certify that the answers given by me to the foregoing questions and the statements made by me are full and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts in this application or any supplements thereto, is cause for rejection of my application or discharge at any time during my volunteering. I understand that any volunteer assignments will be contingent upon the completion of reference checks and police background investigation. I voluntarily authorize every person, firm, company, corporation, government agency, court, association, school, college, university or institution having control of any documents, records and other information pertaining to me, to furnish such information in their files to the Cops 'N Kids Reading Center, Inc. or authorized agents, and I hereby release said parties from any liability to claim whatsoever for issuing this information. I understand that the Cops 'N Kids Reading Center, Inc. will check with appropriate authorities (Racine Police Department, etc.) on matters of public record regarding my background and history.

**I have read and fully understand the above statement.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_