

For college. For life. The Iredell County Crosby Scholars Community Partnership

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Volunteer Participation Form

Thank you for your interest in volunteering for Crosby Scholars! Volunteers like you are an integral part to fulfilling the entire mission of the Crosby Scholars Program. In order to volunteer, we must have your written expression of interest to volunteer. Please be aware that volunteers are also required to complete any additional forms required by the school systems where they volunteer. Mandatory background checks are required by the schools.

Please mail, fax, or email your completed form to the contact information provided above.

Please print neatly in black ink.

Contact Information						
For what type of position do you was	nt to volunteer?					
Last name	First Name	MI	Prefix (M	efix (Mr., Mrs., etc.)		
Address	City	State		Zip Code		
Home Phone	Cell Phone	Email addre	SS			
Emergency contact person name	Emer	gency Contact #		Relationship		
When is the best time and best way	to contact you?					
How soon are you able to volunteer	?					
What days and times are you availa	ble to volunteer? Mon	Tues	Wed			
Thurs Fri Sa	ıt Sun					
Are you able to volunteer on short n	otice (i.e. fill-in for someone	e who is sick)? Yes	No	-		
Do you have access to reliable trans	sportation? Yes No					
Do you require any special assistan	ce in order for you to volunt	teer? Yes No_				
If yes, what special accommodation	s do we need to provide for	· you?*				
*Please note we will try to make any pos locations may limit what we are allowed		y to accommodate your n	eeds, but certain	events and/or		

Education Information						
Highest Degree Received	Institution Name		Date received			
Current Licensures						
Experience						
Current or most recent employer	Title		Dates employed			
Employer Address	City	State	Zip Code			
Please describe all other relevant paid or	unpaid experience you've had:					

Additional Information				
Why do you want to volunteer for Crosby Scholars?				
Are you willing to submit to a background check as required by the school systems where you may volunteer? Yes No				
How did you hear about Iredell County Crosby Scholars?				

I am submitting this volunteer form as an expression of my interest in being a volunteer for the Iredell County Crosby Scholars Program. I understand that my volunteer time is unpaid and at-will. I may end my volunteerism at any time, for any reason. I attest that the above information is true and accurate to the best of my knowledge. Should any of the information I have provided be found to have been falsified, I understand that my volunteerism will be terminated immediately and I will no longer be eligible to volunteer for the Crosby Scholars Program.

I also agree to participate in any mandatory volunteer trainings provided by Crosby Scholars and I will follow all other volunteer guidelines of the Program. In addition, I understand that as a volunteer, I represent the Crosby Scholars Program and its mission. I will uphold the Program's mission and reputation, and I will set an exemplary example to all students and individuals in which I may come in contact. Otherwise, I understand my volunteerism will be terminated if this agreement is breached.

Signature	Date			
Office Use Only:	_Vol. App. Rec	_ Online App. Completed	B/G Check	Training