



Crosby Scholars

For college. For life.

The Iredell County Crosby Scholars Community Partnership

124 Fourth Crescent Place, Statesville, NC 28625

Phone: 704-873-5005 • Fax: 704-873-4891 • info@crosbyscholarsiredell.org • www.crosbyscholarsiredell.org

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 want to volunteer? _____

Last name First Name MI Prefix (Mr., Mrs., etc.)

Address City State Zip Code

Home Phone Cell Phone Email address

Emergency contact person name Emergency 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 available to volunteer? Mon. _____ Tues. _____ Wed. _____

Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Are you able to volunteer on short notice (i.e. fill-in for someone who is sick)? Yes _____ No _____

Do you have access to reliable transportation? Yes _____ No _____

Do you require any special assistance in order for you to volunteer? Yes _____ No _____

If yes, what special accommodations do we need to provide for you?* _____

**Please note we will try to make any possible arrangements necessary to accommodate your needs, but certain events and/or locations may limit what we are allowed to do and what we can do.*

