



Communities
In Schools

Lexington/Davidson County

6 East 4th Street
P.O. Box 177
Lexington, NC 27293

PH: 336.242.1520
FX: 336.242.1520

Name: _____ Date: _____

Date of birth: _____

(Place of employment): _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (office): _____ (cell): _____

E-mail: _____

I agree to receive monthly communications from CIS. _____ Yes _____ No

Contact in an Emergency: _____

Phone: _____

SKILLS AND INTERESTS

1. Hobbies, skills, interests: _____
2. Current Occupation: _____
3. Previous Volunteer Experience: _____
4. Other interests you would like to share: _____
5. Second or other language: _____

I. PREFERENCES IN VOLUNTEERING (please check all that apply)

- ☐ Working one-on-one with a single young person
- ☐ Working with a small group of young people
- ☐ Is there any group with which you would not feel comfortable working?

- ☐ **Working with males**
- ☐ **Working with females**
- ☐ **Working with youth with special needs**

- ☐ Is there any group with which you would not feel comfortable working?
- ☐ No
- ☐ Yes: _____



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II. AVAILABILITY

At what times are you interested in volunteering?

Days: _____ Times: _____

Schools and Lunch Times: please be aware that your student's lunch time will occur at some point during the time range shown. Please check the school that you would be interested in serving; if more than one preference, check all that apply.

Elementary (K-5)

<input type="checkbox"/>	Pickett: 10:45-1:00
<input type="checkbox"/>	South Lexington: 10:40-12:50
<input type="checkbox"/>	Southwest: 10:30-1:00
<input type="checkbox"/>	Charles England: 11:00-12:30
<input type="checkbox"/>	Southwood: 10:25-12:45
<input type="checkbox"/>	Southmont: 10:50-12:50
<input type="checkbox"/>	Hasty Elementary: 10:40-1:05
<input type="checkbox"/>	Silver Valley: 10:50-12:35
<input type="checkbox"/>	Brier Creek Elementary: 10:50-1:00
<input type="checkbox"/>	Churchland: 10:40-1:30
<input type="checkbox"/>	Denton: 10:45-12:49
<input type="checkbox"/>	Tyro Elementary: 10:30-12:50
<input type="checkbox"/>	Reeds Elementary: 10:30-1:30
<input type="checkbox"/>	Welcome Elementary: 10:50-1:00
<input type="checkbox"/>	Pilot Elementary: 10:30-1:30

Middle (6-8)

<input type="checkbox"/>	Lexington Middle: 11:00-1:30
<input type="checkbox"/>	South Davidson Middle: 8:00-3:00
<input type="checkbox"/>	Ledford Middle : 10:50-1:00
<input type="checkbox"/>	Tyro Middle: 10:-50-1:25
<input type="checkbox"/>	North Davidson Middle: 11:00-1:35
<input type="checkbox"/>	Central Middle : 11:00-1:35

High (9-12)

<input type="checkbox"/>	Lexington Senior High 11:24-1:35
<input type="checkbox"/>	South Davidson High: 8:00-3:00
<input type="checkbox"/>	Davidson County High School: (program is in development)
<input type="checkbox"/>	Davidson County High School (Teen Parent Program)

Signature

Date



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MENTOR INTEREST SHEET - This questionnaire is designed to identify certain characteristics and interests that will help us better match you with a student with shared interests.

Name: _____

Sex: _____ Ethnicity: _____ Birthday: ____/____/____

1. What was your favorite subject in school? _____
2. What was your least favorite subject in school? _____
3. As a student, what did you do in your free time? Please list (3) activities:

4. What do you currently do in your free time? Please list three (3) activities:

5. As a student, my favorite sport to watch or play was _____

6. Currently, my favorite sport to watch or play is _____

7. As a student, my favorite music was _____

8. Currently, my favorite music is _____

9. One thing that people don't know about me is _____

10. A personal goal for the future is _____

11. A place that I have never visited in North Carolina but would like to see is _____

12. One thing I have always wanted to do but never have is _____

13. Three characteristics that are important for a person to have are:

14. What do you do for a living? _____

15. What do you hope to gain by being a mentor? _____



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POLICY AND CERTIFICATION REGARDING SEXUAL MISCONDUCT

Purpose

Sexual misconduct by any personnel, particularly with a minor, violates human dignity and the mission of Communities In Schools of Lexington/Davidson County. Sexual misconduct, as used in this policy, includes improper sexual conduct with an adult as well as sexual abuse of a minor. The primary purposes of this policy include the safety of children and the integrity of the organization.

Definitions related to Sexual Misconduct

Sexual Misconduct is the comprehensive term used in this policy and its procedures to include:

1. Child sexual abuse.
2. Sexual harassment, as defined above.
3. Rape or sexual contact by force, threat, or intimidation.
4. Sexual conduct (such as offensive, obscene or suggestive language or behavior, unacceptable visual contact, unwelcome touching or fondling) that is injurious to the physical or emotional health of another.

Volunteer is the term used for persons who provide services without benefits. Volunteers within the Communities In Schools program include mentors and lunch buddies.

Please complete the following certification:

I certify, affirm, swear, and say that no civil or criminal complaint, action, and/or charge has/have ever been sustained, filed, or initiated against me for sexual misconduct or defined herein, or as defined in the General Statutes of the State of North Carolina.

Signature

Date



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General Release Form for Background Check

In connection with my application for mentoring through Communities In Schools of Lexington/Davidson County, **I understand** that investigative inquiries are to be made on myself including criminal convictions, motor vehicle, credit checks, and other reports.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration from participating in CIS as a mentor.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information, as they deem appropriate.

Further, **I understand** that you will be requesting information from various Federal, State, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I authorize without reservation any party or agency contacted by this agency to furnish the above-mentioned information.

I hereby consent to your obtaining the above information from **Insight - a FirstPoint Information Resource** and/or any of their licensed agents. **I understand** to aid in the proper identification of my file or records, the following personal identifiers, as well as other information, is necessary.

Print Full Name _____
First Middle Last

Maiden Name _____ Social Security Number _____ - _____ - _____

Date of Birth ____/____/____ Gender _____ Race _____

Current Home Mailing Address _____

City/State/Zip Code _____

Previous Home Mailing Address _____

Applicant Signature _____ Date _____