## COPS 'N KIDS READING CENTER, INC.

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## **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:	RSONAL DATA: Today's Date:		
Name:		Date of Birth:	
(Last)	(First) (	Middle)	
Address:			
(Street)	(City)	(State)	(Zip Code)
List any address outside Raci	ne County where you have	lived within the past 1	0 years
Phone Number:	F_N	/ail:	
none Number:	L r	74III.	<del></del>
EDUCATION RECORDS:			
(Elementary School)		(City)	(State)
(Middle School)		(City)	(State)
(High School)		(City)	(State)
(College)		(City)	(State)
Highest Grade Completed:	Equivalency/GEI	D: Yes No	ate Completed:
Please share with us special s	kills/training:		
TeacherComputer	Management Ski	lled Trade Math	Clerical Writing
_	-		anguage (Other than English

Days & Hours Available: GENERAL:	1
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 M	Maiden name):
Have you ever been convicted of a felony?Yes	esNo (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? Dr	rive Bus Walk Parent Other
If other, please explain:	
EMPLOYMENT INFORMATION: Employer/Name of Business:	Supervisor:
Address:	•
Position Held:	
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:	2
Address:	Phone Number:	
Position Held:	Title:	
Dates Employed From: To:	Reason for Leaving:	<del></del>
Duties:		
Specific Equipment Operated:		
		_
Paraller (Norman C Paraller and	S	
	Supervisor:	<del></del>
	Phone Number:	
	Title:	
	Reason for Leaving:	
Duties:		
Specific Equipment Operated		
specific Equipment Operateu:		
and true to the best of my knowledge misrepresentation of facts in this applicator discharge at any time during my voluntupon the completion of reference check person, firm, company, corporation, goinstitution having control of any documinformation in their files to the Cops 'N K parties from any liability to claim whats	·	nation, omissions or ion of my application its will be contingent arily authorize every ollege, university or me, to furnish such I hereby release said that the Cops 'N Kids
<b>,</b>		
Applicant's Signature:	Date:	