

Full name:			
Permanent Address:			
Mailing Address (if different)			
City:	_ State:	Zip:	
Home Phone Number:	Wor	k Phone Number:	
Cell Phone Number:			
E-mail			
Employer:	Job Tit	le:	
Can you be contacted at work?		_ Business hours:	
Emergency Contact (Name and Pl	hone #):		
Are you a Peninsula School Distri	ict Employee?	Yes	No
Are you a student?	-	Yes	No
Which high School?			
Why do you want to be a Commu	nities In School	ls of Peninsula Volunte	eer?
List previous work or experiences			
List previous work of experiences	with young pe	opie (ie. church, boy/c	Jiii Scouis).
Have you ever been convicted of	a crime? If so,	please explain:	



R	(e	ter	en	ces	C	on	taci	ts:
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Name:	Phone:	email:
Name:	Phone:	email:
Name:	Phone:	email:
CISP USE ONLY:		
Pre-Screen Interview:		Date:
School Assignment:		
CISP Orientation Completed		Date:
School Site Orientation:		Date:
Background Check: Date:		Valid until:
Renewed BG Check: Date:		Valid Until:
Volunteer Start		Date:
Inactive Date		Date:
Reason for departure		
Comments:		

Send application to:

PO Box 684 Vaughn, WA 98394, FAX to 253-884-5734, or email to myka@cisofpeninsula.org

Office Phone: 253-884-5733