

Full name:		Date:		
Permanent Address:				
Mailing Address (if different)			
City:	State:	Zip:		
Home Phone Number:		Work Phone Number:		
Cell Phone Number:				
E-mail				
Employer:	Job	Title:		
How did you hear about Com	m <u>unities In Sch</u>	ools of Peninsula?		
Emergency Contact (Name a	nd Phone #):			
Are you a PSD or SKSD Employee?		Yes	No	
Are you a PSD or SKSD student?		Yes	No	
Which high School?				
Why do you want to be a Con	nmunities In Sc	hools of Peninsula Volunt	eer?	
List previous work or experie				
List previous work of experie	mees with young	5 people (ie. charen, Boy)	siii seedisj.	
Have you ever been convicte	d of a crime? If	so, please explain:		



References/C	Contacts:
--------------	-----------

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: Myka Cranford

PO Box 684 Vaughn, WA 98394, FAX to 253-884-5734, or email to

myka@cisofpeninsula.org

Office Phone: 253-884-5733 or 253-509-9397