



### Volunteer Enrollment Form

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ (cell) \_\_\_\_\_  
Email: \_\_\_\_\_

Emergency contact: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Place of employment: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
Phone: \_\_\_\_\_

How did you hear about CISMBC?  
\_\_\_\_\_

Why are you interested in volunteering with CISMBC?  
\_\_\_\_\_

What type of volunteer activities are you most interested in?  
\_\_\_\_\_

Previous Volunteer Experience:  
Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Dates: \_\_\_\_\_  
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What age groups are you most interested in working with? Check all that apply.  
 Elementary school (5-12 years)  
 Middle school (13-15 years)  
 High school (16-18 years)

Please list your skills, hobbies and interests:  
\_\_\_\_\_  
\_\_\_\_\_

What days and times of day are you available for volunteering?  
Days: \_\_\_\_\_ Times of day: \_\_\_\_\_  
Have you ever been convicted of a crime? YES \_\_\_\_\_ NO \_\_\_\_\_  
Has your driver's license ever been suspended or revoked in any state? YES \_\_\_\_\_ NO \_\_\_\_\_  
Do you have any physical limitations that might limit your ability to perform certain types of work? YES \_\_\_\_\_ NO \_\_\_\_\_

Signature: \_\_\_\_\_

**Please mail your completed application to:**

Communities In Schools of Milledgeville/Baldwin County  
P.O. Box 783  
Milledgeville, GA 31061

**OR**

Scan and email to [sbaxter@cismilledgeville.org](mailto:sbaxter@cismilledgeville.org)