



# Clinton City Schools

300 Westover Road  
Clinton, NC 28328  
www.clinton.k12.nc.us

Principal's Signature/Date - Approval

Phone: (910) 592-3132

## VOLUNTEER APPLICATION

Fax: (910) 592-2011

### Personal Data

Name \_\_\_\_\_

First

Middle

Maiden

Last

Present Address \_\_\_\_\_

Street

City

State

Zip

Phone # \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Describe any limitations you have regarding your working ability.

#### Please check your preference(s) for volunteering:

Preschool/More At-Four Program

L. C. Kerr Elementary School (PreK-1)

Butler Avenue School (2-3)

Sunset Avenue School (4-5)

Sampson Middle School (6-8)

Clinton High School (9-12)

#### Special Areas

Music

Art

Physical Education

Media Center

Special Education

No, I am not a certified teacher.

Yes, I am a certified teacher. (I hold a valid North Carolina teaching license.)

#### AREAS OF TEACHING CERTIFICATION - (As shown on North Carolina teacher license.)

Please give your reasons for wanting to volunteer in Clinton City Schools.

For what activity/program would you like to volunteer? \_\_\_\_\_

Describe previous volunteer experience, if any.

### EDUCATION (Circle highest year of education completed and list educational record.)

High School

GED

Technical/Community College

4 Yr College/University

1 2 3 4

1 2 3 4

1 2 3 4 5

INSTITUTION	NAME	LOCATION	Month & Year		Diploma/ Certificate/ Degree
			From	To	
High School/ Equivalent					
Community College					
4 Yr College/ University					
Other					

**REFERENCES-Forms Attached (DO NOT list relatives.)**

NAME	List Position	Address	Phone #
1			
2			

**Please check appropriate answer:**

YES    NO  
\_\_\_\_    \_\_\_\_

Have you ever been convicted of any violation of the law other than a minor traffic ticket?

If your answer to the above question is "YES", please explain in the space provided.

I certify that the information I have given is correct and complete and I understand that false statements shall be considered sufficient cause for my name to be removed from the approved volunteer list. I authorize Clinton City Schools to contact references provided. Incomplete applications will not be processed.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note to Applicant: Your volunteer status will remain active for five years from the date of approval, unless you notify administration of your intent to extend your volunteer status.**

The Clinton City Schools system is an equal opportunity employer and does not discriminate on the basis of race, color, sex, national origin, religion, age, equal pay, disability or genetic information.

**FOR CENTRAL OFFICE USE ONLY**

_____ Driver License	_____ Approved
_____ Social Security Card	_____ Not Approved
_____ BIB	_____
_____ Admin. Approval	_____
_____ References (2)	_____