

SALLY KATE WINTERS FAMILY SERVICES
VOLUNTEER/TUTOR/INTERN
APPLICATION

Position applied for: Volunteer Tutor Intern Date: _____

Name: _____
Last First Middle

ID # or Drivers License #: _____ Are you 18 years old or older? Yes No

Home Telephone: _____ Cell: _____

Email: _____

Address: _____

Address to send correspondence: _____

Educational Background (**TUTORS: must have at least 20 hrs of college credit**): _____

Previous and/or current volunteer experience: _____

How did you learn about the SKW program? _____

Do you have any special areas in which you were interested in volunteering (such as tutoring, parties, recreational, office, etc...)? _____

Times Available:

Weekdays: M T W Th F Hours Available: _____

Weekends: Sat. Sun. Hours Available: _____

Holidays: _____

Are you aware that you will have to complete a background check and fingerprinting

Office Use Only: _____ Beginning Date _____ Ending Date _____

prior to volunteering? _____ ***(\$20 cash payment is required in advance to cover costs.)***

Are you aware that you will have to complete a volunteer orientation? _____

Will you be willing to participate in ongoing training and activities? _____

What are the strengths that you will bring to this program? _____

Have you had personal experience involving?

_____ Child Welfare

_____ Foster Care

_____ Juvenile Court

_____ Other Child Services

If so, explain: _____

Write a brief statement as to why you have chosen to volunteer at the SKWFS:

What additional information would you like about the SKW Family Services? _____

Please provide four (4) references, including their addresses and phone numbers:

1. _____

2. _____

3. _____

4. _____

My signature verifies that this information is accurate to the best of my knowledge.

Signature

Date

Office Use Only: _____ Beginning Date _____ Ending Date _____



Background Check Release for Board Members, Staff and Volunteers

Sally Kate Winters Family Services requires annual background screenings for employees, board members, and volunteers. Please complete the following information and sign if you agree to allow SKWFS to conduct a background check and the Child Abuse Registry check.

Name (First, Middle, Last): _____

Maiden Name (if applicable): _____

Mailing Address: _____

Physical Address: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Drivers License Number: _____

I agree to allow Sally Kate Winters Family Services to conduct a background check.

Signature

Date

Criminal Records and Child Abuse Registry Background Check Information

Please complete the information listed below for your criminal records and child abuse registry background checks required by Section 37-9-17, Mississippi Code of 1972, and return to the Superintendent's Office located at 359 Commerce Street.

Last Name _____ Maiden Name _____
First Name _____ Middle Name _____
Suffix: II III IV Jr. Sr.
 (Circle one, if applicable)

If you are known by a name other than the one above, please list. (Example: If your name is Robert, but you are called Bob.) _____

Please circle the choice that best describes you:

Sex: Male Female Race: American Indian Asian Black Other White

Eye Color: Black Blue Brown Gray Green Hazel Unknown

Hair Color: Bald Black Blond Blue Brown Gray Green Orange Pink Purple Red
 Sandy White Unknown

Height _____ Weight _____ Date of Birth _____

Social Security Number _____

State Where Born _____

(If born outside of the United States, in what country were you born?)

Citizenship - If other than U.S. citizen, please list _____

Street Address _____

P.O. Box, if applicable _____

City _____

State _____

Zip Code _____

Phone Number _____

E-mail Address _____