

VOLUNTEER APPLICATION

(submit online or complete, print and mail)

FIRST NAME _____ LAST NAME _____

ADDRESS _____ APT.# _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (H) _____ (WORK/SCHOOL) _____
(C) _____

E-MAIL _____ DATE OF BIRTH _____

OCCUPATION _____

EMPLOYER _____

BUSINESS ADDRESS _____

EDUCATIONAL BACKGROUND _____

HIGH SCHOOL/COLLEGE _____ GRADE _____

SCHOOL ADDRESS _____

SCHOOL PHONE _____ SCHOOL CONTACT _____

EXPERIENCE WITH YOUNG PEOPLE OR TEACHING (Please describe any experience):

AVAILABILITY: Indicate best start time (pm) 3:30 _____ 4:00 _____ 4:30 _____ 5:00 _____

INTEREST(S): Please check at least one

Tutoring: Reading Math *Other*

SPECIAL INTERESTS OR TALENTS (Please list your interests; we use this information for matching):

(OVER)

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

YES

NO

EMERGENCY CONTACT

RELATIONSHIP

Telephone

I give permission to The Cornerstone Learning Center, Inc. staff to obtain necessary emergency medical treatment and to transport me to the nearest hospital if necessary, with the understanding that my family will be notified as soon as possible.

SIGNATURE

DATE

****Clicking "Submit" below constitutes your electronic signature. We also may request an original signature at a future point. Thank you for your cooperation and understanding.**

REFERENCES:

Please list 3 people (other than relatives) who can attest to your responsibility and your ability to assist others. Cornerstone will be mailing a form to each contact, so addresses are required.

1. NAME

ADDRESS

RELATIONSHIP

2. NAME

ADDRESS

RELATIONSHIP

3. NAME

ADDRESS

RELATIONSHIP

TODAY'S DATE:

OR MAIL SIGNED FORM TO:

20 West 84th Street New York, NY 10024
(212) 362-3920 CornerLearn@aol.com

SY 2007-2008