

# VOLUNTEER APPLICATION

THE URBAN SCHOLASTIC CENTER



Thank you for your interest in volunteering with The Urban Scholastic Center!

This application is for individuals who want to serve only as a **Mark Twain Mentor** and/or a **Book Nook Reader** volunteer. Individuals who complete this application will be limited to serving with these two ministries at Mark Twain Elementary School. If you would like to volunteer at The Urban Scholastic Center, please complete the "Level 2 Volunteer Application".

Please fill out the application completely and legibly and make sure the forms are signed. Once your application is received by USC and background checks have been completed, you will be contacted regarding the next steps of the application process.



## THIS VOLUNTEER APPLICATION IS FOR THE FOLLOWING USC MINISTRIES



**Book Nook Readers** is an after school reading program at Mark Twain Elementary School where volunteers read to students in small groups. (Once a month one student will receive a **Book Nook**: Reading chair, lamp and a bookshelf with new books) **Volunteer Commitment**: Two hours, once a week for one school-year.



**Mentor at Mark Twain** - Spend one hour a week in Mark Twain Elementary school any time during the school-day reading to or tutoring a student or helping in a classroom. **Volunteer Commitment**: One hour, once a week for one school-year.

I'm applying to be a:  Book Nook Reader Volunteer  Mark Twain Mentor



**PERSONAL INFORMATION (PLEASE PRINT)**

FULL NAME		DATE OF BIRTH	
ALIAS/MAIDEN NAME:		RACE:	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PLACE OF BIRTH (include City/State/Province/Country):			
SOCIAL SECURITY #		DRIVERS LICENSE #	
HOME ADDRESS			
CITY		STATE	ZIP
MAIN PHONE (HOME OR CELL)		WORK PHONE	
EMAIL ADDRESS			
WHAT IS THE BEST WAY TO CONTACT YOU: <input type="checkbox"/> MAIN PHONE <input type="checkbox"/> WORK <input type="checkbox"/> E-MAIL			
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>Proof of citizenship or immigration status will be required upon employment</i>			
WORK STATUS: <input type="checkbox"/> PART TIME <input type="checkbox"/> FULL TIME <input type="checkbox"/> STUDENT <input type="checkbox"/> RETIRED			
EMPLOYER		POSITION	
SUPERVISOR		PHONE	
HOBBIES, SPECIAL INTEREST			
<b>EDUCATION</b>			
NAME OF COLLEGE/TECHNICAL OR OTHER INSTITUTION OF HIGHER LEARNING YOU ATTENDED			
DEGREE/CERTIFICATE		YEAR OF COMPLETIION	
<b>INDICATE ANY FOREIGN LANGUAGES YOU CAN SPEAK, READ AND/OR WRITE</b>			
	Fluent	Good	Fair
Speak			
Read			
Write			

**PERSONAL REFERENCES:** Please provide at least three references - individuals you have known for at least three years who have an in depth knowledge of your character. Please do not include any relatives.

<b>1</b>	NAME	<b>2</b>	NAME
ADDRESS		ADDRESS	
CITY/ZIP		CITY/ZIP	
PHONE		PHONE	
<b>3</b>	NAME	<b>4</b>	NAME
ADDRESS		ADDRESS	
CITY/ZIP		CITY/ZIP	
PHONE		PHONE	



**REQUEST FOR CRIMINAL HISTORY RECORDS INQUIRY AND AUTHORIZATION**

You have permission to contact my employer. I understand that any omissions or misstatements made by me on this application may be cause for my application to be declined or volunteer placement to be terminated. During the application process and at any time during the tenure of my volunteer or employment status with The Urban Scholastic Center (The USC), I hereby authorize agencies of The USC’s choosing to procure a report which I understand may include information regarding my character, general reputation, personal characteristics. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I hereby waive my right to see any confidential material obtained by The USC from individuals, organizations or agencies contained therein, hereby releasing-said materials to become the property of The USC.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Please return your completed application to:**

The Urban Scholastic Center  
2900 Minnesota Ave.  
Kansas City, KS 66102

FOR THE USC USE ONLY	
<input type="checkbox"/>	BACKGROUND CHECK COMPLETE
<input type="checkbox"/>	REFERENCE #1 CHECKED
<input type="checkbox"/>	REFERENCE #2 CHECKED
<input type="checkbox"/>	REFERENCE #3 CHECKED
<input type="checkbox"/>	INTERVIEW/TRAINING COMPLETED

