

Applicant Information

Full Name

First Name

Middle Name (optional)

Last Name

Street Address

Address Line 1

Address Line 2

City

State

ZIP Code

Phone Number

Email

Are you a citizen of the US?

Yes

No

If you're not a citizen, are you authorized to work in the US?

Yes

No

Have you ever volunteered with youth students?

Yes

No

If yes, when?

Have you ever been convicted of a felony?

Yes

No

If yes, explain:

Education

High School:

High School Address:

Address Line 1

Address Line 2

City

State

ZIP Code

Year of last attendance:

Did you graduate?

Yes

No

Diploma:

College:

College Address:

Address Line 1

Address Line 2

City

State

ZIP Code

Year of last attendance:

Did you graduate?

Yes

No

Degree / Field of Study:

Other Education:

Other Address:

Address Line 1

Address Line 2

City

State

ZIP Code

Year of last attendance:

Did you graduate?

Yes

No

Degree:

Certification / Field:

References (please list three references)

Full Name

First Name

Last Name

Relationship

Company

Phone Number

Address

Address Line 1

Address Line 2

City

State

ZIP Code

Full Name

First Name

Last Name

Relationship

Company

Phone Number

Address

Address Line 1

Address Line 2

City

State

ZIP Code

Full Name

First Name

Last Name

Relationship

Company

Phone Number

Address

Address Line 1

Address Line 2

City

State

ZIP Code

May we contact your references?

Yes

No

Interests

Desired Hours Per Week

Additional Comments (Desired Hours Per Week)

Monday times available and preferred school:


Tuesday times available and preferred school:

Wednesday times available and preferred school:

Thursday times available and preferred school:

Friday times available and preferred school:

Date Available

Subject Interest (Math, Science, etc)

Additional Comments (Subject Interest)

What are you interested in: Tutoring/Mentoring/Events/Fundraising etc. Please indicate below what your interests are.

Please put a check by the school(s) you are interested in.

Cape Henlopen School District

Milford School District

Seaford School District

Sussex Technical School District

Place me where I'm needed

Please select the grade level you are most interested in tutoring or mentoring

K-5

6-8

9-12

Place me where I'm needed

Volunteer Experiences

Contact Name

First Name

Last Name

Organization

Address

Address Line 1

Address Line 2

City

State

ZIP Code

Phone Number

Duties

May we call your organizations contact?

Yes

No

If no, please explain

Contact Name

First Name

Last Name

Organization

Address

Address Line 1

Address Line 2

City

State

ZIP Code

Phone Number

Duties

May we call your organizations contact?

Yes

No

If no, please explain

Contact Name

First Name

Last Name

Organization

Phone

Duties

Address

Address Line 1

Address Line 2

City

State

ZIP Code

May we call your organizations contact?

Yes

No

If no, please explain

Disclaimer and Signature

I certify that my answers are true and completed to the best of my knowledge. If this application leads to my volunteer placement, I understand that false or misleading information may lead to my release.

First Name

Middle Name (optional)

Last Name