CYP's Family Literacy Program Volunteer Application

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

What is the best time to contact you? ☐ **Morning** ☐ **Afternoon** ☐ **Evening**

If you have had previous experience working with children and/or families please briefly describe:

_____

Where did you learn about volunteering for The Family Literacy Program?

____ Website ____ Social Media ____ News Article ____ Personal Referral

Please list 2 local references:

Name	Address	Phone

Authorization for Background Check

Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.

I, _____, hereby authorize CYP to investigate my background and qualifications for purposes of evaluating whether I am qualified for the volunteer position for which I am applying. I understand that The Family Literacy Program will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of CYP's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for volunteer services for the family literacy program will not be processed further.

_____ _____ _____

Volunteer Full Name Birth Date Social Security Number

_____ _____

Volunteer Signature Today's Date

Please return completed form to:
CYP's Family Literacy Program
534 Ananias Dare Street
Manteo, NC 27954

or, you may scan, attach the form and email to:flp@darekids.org