



# CYP's Family Literacy Program Volunteer Application



Name	
Street Address	
Mailing Address (if different)	
Home Phone	
Cell Phone	
E-Mail Address	

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

**How do you prefer to be contacted (choose all that apply)?**  Email  Text  Phone

**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 authorization is necessary for completion of the application process. \*A typed signature/faxed/emailed copy will have the same force and effect as an original.

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 (including middle 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 scan, attach the form, and email to:** flp@darekids.org