

8. Educational Background (mark one):

- | | |
|---|---|
| <input type="checkbox"/> Some high school | <input type="checkbox"/> Graduate/professional school |
| <input type="checkbox"/> High school graduate | <input type="checkbox"/> Technical school |
| <input type="checkbox"/> Some college | <input type="checkbox"/> College graduate |
| <input type="checkbox"/> Other (please specify) _____ | |

10. Our Program is Monday – Thursday 3:30 – 6:00p, what days of the week are you available to volunteer? (check all that apply):

- Monday Tuesday Wednesday Thursday

12. Please list two references (one personal and one professional work reference):

Name _____	Name _____
Address _____	Address _____
City _____ State/ZIP _____	City _____ State/ZIP _____
Phone number _____	Phone number _____
Relationship _____	Relationship _____

In making this application to be a volunteer, I understand that GEMS CC will perform a criminal background checks of all volunteers for the position of mentor for which I am applying and I will complete the Approval for Background Ground Check Form included with this application.

I certify to the best of my ability that the information provided on this application is true and accurate. I also understand that misinformation knowingly provided here, and on subsequent mentor application forms, is grounds for dismissal.

Signature

Date

Office Use Only: *****

_____ **Date Received Background Check**

_____ **Date Completed Training**

Notes:

Approval for Background Check

First Name _____

Middle Name _____

Last Name _____

Maiden Name (If Applicable) _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ City/State of Birth _____

DL # _____

Phone # _____ E-mail _____

Social Security # _____

Previous Address _____

City _____ State _____ Zip _____

I give the **GEMS CC Afterschool Program** permission to do a full background check. I understand that this information will be only be viewed by the of The Graham Family of Schools and will not be shared with anyone else without my written consent.

Signed _____ Date _____

Please complete, sign and return by mail **ATTENTION: Robert Caldwell, Executive Director GEMS CC Afterschool Program** 140 E. 16th Avenue Cols, Ohio 43201