

## Carbon Career & Technical Institute Volunteer Application

Contact Information					
Name: Street Address: City, State, Zip: Primary Phone: Work Phone: E-Mail Address:					
Availability					
During which hours are ye	ou available to volu	nteer (check all t	hat apply)?		
Mornings	Afternoons	Evenings	3		
Interests					
Tell us in which areas you	ı are interested in v	olunteering (plea	se check all that app	oly).	
Academic Classroom		Club/Activity	Advisor		
Theory Classroom		Other - Pleas	e Specify:		
Technical Lab Classro	om				
<b>Evening Activities</b>					
Previous Volunteer Ex	perience, Special	Skills or Quali	fications		
Summarize special skills an other activities, including hol	•	ave acquired from	employment, previous	s volunteer	work, or through
<b>Additional Informatio</b>	n				
I have been a continuous	resident of Pennsy	Ivania since	(year).		
Have you ever volunteered If yes, where and when:	ed at the Carbon Ca	reer & Technical	Institute before?	No	Yes

Do you have a child attending the CCTI? No Yes If yes, what grade(s) and technical program are they in?

Person to Notify in Case of Emergency
Name:
Street Address:
City, State, Zip:
Primary Phone:
Work Phone:
E-Mail Address:
Agreement and Signature
By submitting this application, I affirm that the facts set forth in it are true and complete and that I have read the volunteer handbook. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.  Name (printed):  Date:
Signature:
Our Policy
It is the policy of the Carbon Career and Technical Institute to provide equal opportunities without regard to race, color, relic

It is the policy of the Carbon Career and Technical Institute to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Requests to serve as a volunteer must be approved annually.

Thank you for completing this application form and for your interest in volunteering with us.

## For CCTI Office Use Only - Do Not Write in Area Below

Teacher/Advisor:

Principal:

Administrative Director:

JOC Approval:

Volunteer Affirmation:

Statement of Confidentiality:

## **CHAPERONES ONLY:**

Criminal Background Check with the Volunteer Service Code from the PA Department of Human Services (DHS):