



Volunteer Application

For PENCIL use only: Background Check: Program: Orientation: Assignment:

Please complete this application, retain a copy for your records, and mail the original to Volunteer Coordinator [PENCIL Foundation; 421 Great Circle Road, Suite 100; Nashville, TN 37228] or fax it [615/254-6748]. A PENCIL representative will contact you to schedule your training time.

Mr. Ms. Mrs. Miss Dr. Other

Last Name First Name MI

Preferred Name

If you are a college or university student, please specify your school.

List languages you speak other than English.

Employment Information

Company Occupation

Company Address Dept/Suite

City State Zip Code

Phone Fax E-Mail

Additional Information

Home/Local Address Apt/Unit

City State Zip Code

Phone E-Mail

Where would you prefer to receive mail or email? Work Home

Volunteer Placement Information

Please check area(s) of interest.

- LP PENCIL Box** volunteers work at the school supply center at McCann Learning Center in West Nashville.
- Math Partners** volunteers work with groups of no more than 4 middle-school students once weekly for minimum of 12 weeks.
- Reading Partners** one-on-one readers tutor an elementary student for 30 minutes weekly for a minimum of 12 weeks.
- Reading Partners** classroom readers volunteer to read to a classroom (Pre-K-4th) one to four times per month.
- Preference: one two four times a month

Volunteer Availability

Math Partners and Reading Partners placements are primarily during the school day—8:00 A.M. to 3:00 P.M. for elementary schools and 8:45 A.M. to 3:45 P.M. for middle schools. A limited number of tutoring placements are in after-school programs.

LP PENCIL Box hours are **9:00 A.M. to 6:00 P.M. on Monday, Tuesday, and Wednesday.**

Please specify your preference of day(s) and time(s) below:

Day(s) Monday Tuesday Wednesday Thursday Friday

Time(s): _____

As a math or reading tutor, I prefer to volunteer in the following school(s):

Comments:

Volunteer Authorization Form

BACKGROUND INVESTIGATION QUESTIONNAIRE

Last Name

First

Middle

Current Address

Date of Birth

Social Security Number

Please list other name(s) used within the last seven years (e.g., maiden or other married names) and year(s) of name change.

Please list previous residential addresses for past seven years.

1.

Street

City

State

(mm/yy) - (mm/yy)

2.

Street

City

State

(mm/yy) - (mm/yy)

3.

Street

City

State

(mm/yy) - (mm/yy)

Have you been convicted of any criminal offense, either misdemeanor or felony, other than minor traffic violations in the last seven years?

Yes No

Are you currently charged or under investigation for any violation of the law other than minor traffic violations?

Yes No

Authorization and General Release

I hereby authorize PENCIL Foundation, all of its subsidiaries and affiliates and any employee or agent, including Fowlers' Profile Links, Inc., of any of them, to request and receive any information and records concerning me, including but not limited to, criminal record history, and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing agencies, and other entities. I further release and discharge PENCIL Foundation and all of its subsidiaries and affiliates, and every employee or agent including Fowlers' Profile Links, Inc. of any of them, and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any request(s) for, or receipt of, information or records pursuant to this authorization, or arising out of any compliance or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to Fowlers' Profile Links, Inc. for a complete and accurate disclosure of additional information concerning the nature and scope of the Investigation. I acknowledge that I have voluntarily provided the above information for the purpose of qualifying as a volunteer for PENCIL Foundation, and I have carefully read and I understand this authorization.

NOTICE: Fowlers' Profile Links, Inc. requests your Date of Birth solely for the purpose of verifying certain records that may be produced in connection with Fowlers' Profile Link's, Inc. background investigation. It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

Signature

Date