



# Community After School Program

1023 North Flood Avenue  
 Norman, OK 73069  
 (405) 366-5970  
 www.caspinc.org

## Volunteer Application

### PERSONAL INFORMATION

Last Name:		First Name:		M.I.	I prefer to go by:	
Local Street Address:			Apt #:	City:	State:	Zip:
Permanent Mailing Address:			Apt #:	City:	State:	Zip:
Primary Phone:				Alternate Phone:		
Email Address:			Date of Birth:		Social Security Number:	

### EDUCATION

Are you currently attending highschool?	Yes	No	If "Yes", where?	If "No", did you graduate?	Yes	No	If "No", did you receive your GED?	Yes	No
Are you currently attending college?	Yes	No	If "Yes", where?	If "Yes", what is your major?			If "No", did you graduate?	Yes	No

### PERSONAL REFERENCES

List three persons not related to you, who are familiar with your child care practices.

Full Name:	Relationship:
Address:	Phone:
Full Name:	Relationship:
Address:	Phone:
Full Name:	Relationship:
Address:	Phone:

### BACKGROUND

*CASP does not engage individuals completing court-ordered community service or with pending charges as program volunteers.*

Have you ever been convicted of or entered a plea of "guilty" or "nolo contendere" (no contest) to any criminal activity involving violence against a person; child abuse or neglect; possession, sale or distribution of illegal drugs; sexual misconduct; or gross irresponsibility or disregard for the safety of others?:

Yes      No

Do you have any pending charges for the crimes listed above?

Yes      No

If yes, please provide additional information here:

## POSITION

CASP programs operate each school day, Monday-Friday, from 2:50-6:00. Be Smart Tutoring hours, Be Smart Homework Helper hours and Be Fit hours vary at each program location.

Please list the days and hours you are available to volunteer your services:

Which volunteer position are you applying for? (check all that apply):

Be Smart 1:1 Tutor:

Be Smart Homework Helper:

Be Fit Volunteer:

Other (please explain below):

*For some positions, including all tutors, CASP requires a background check. CASP encourages volunteers to make a contribution to assist with the cost of required background checks. Please indicate the amount you are able to donate (total cost \$25):* \_\_\_\_\_ *Thank you for your donation!*

## EXPERIENCE

Please submit a brief description of why you want to volunteer your services to the Community After School Program:

Please tell us about your past volunteering experiences:

Please tell us about past experiences working with children:

How would you deal with a child who will not cooperate or follow instructions?

How did you hear about the Community After School Program?

## DISCLAIMER AND SIGNATURE

*I hereby certify that this information is true and complete to the best of my knowledge. I also authorize a complete background check, including verification of education and employment, reference check, and criminal background check.*

Signature:

Date:

*By typing my name, I verify that the details of in this application are accurate to the best of my knowledge.*