



Office Use Only	
Application Received:	_____
Background Submitted:	_____
Date Accepted:	_____
Trained Date:	_____
Volunteer Location:	_____

**PERSONAL INFORMATION**

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Email \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_

Marital Status:  Single  Married  Divorced  Widowed      Gender:  Male  Female

Ethnicity:  African American  Asian  Asian/Pacific  Caucasian  Hispanic  Native American  Other

Group/Organization \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_

**EMPLOYER INFORMATION**

Employment Status:  Employed  Unemployed  Retired Employee

Check here if you are an employee of the Independence School District and have been cleared by the district to work with students

Employer Name \_\_\_\_\_ Occupation \_\_\_\_\_

**REFERENCES**

Please list two personal references (references cannot be family members or relatives).

1. Name \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Relationship to you \_\_\_\_\_

2. Name \_\_\_\_\_ Preferred Phone (\_\_\_\_) \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email \_\_\_\_\_ Relationship to you \_\_\_\_\_

**VOLUNTEER PLACEMENT**

Preferred School \_\_\_\_\_ Preferred Age:  Any  Elementary  Middle  High School

Preferred Commitment:  Mentor Individual Student  Help in Classroom  Read to Students

How did you hear about the Inspire Program? \_\_\_\_\_

Please complete all blanks for prompt processing. Unless otherwise instructed, please mail completed form to Independence School District Foundation, Attn: Inspire, 201 N. Forest Ave., Independence, MO 64050, or send by fax to 816-521-5667 or via email in PDF format to [Amy Knipp@idschools.org](mailto:Amy.Knipp@idschools.org).

