



GREENE COUNTY SCHOOL SYSTEM

101 East Third Street
P.O. Box 209

Greensboro, Georgia 30642
Phone {706}-453-7688

VOLUNTEER/MENTOR/CAREER COACH APPLICATION

Last Name	First	Middle	Maiden
Home Address/Street/P.O. Box #			
City	State	Zip Code	
Telephone Number (Cell): _____		(Other): _____	
Email Address: _____			

WHERE WOULD YOU LIKE TO VOLUNTEER? SCHOOL PREFERENCE(S)

- _____ Greene County Elementary School (Pre-k, K, 1, 2, 3, 4, 5)
_____ Anita White Carson Middle School (6, 7, 8)
_____ Greene County High School (9, 10, 11, 12)

EDUCATIONAL BACKGROUND

	NAME OF SCHOOL	STATE	MAJOR	DIPLOMA/DEGREE	DATES ATTENDED
HIGH SCHOOL					
COLLEGE					
TECHNICAL					
GRADUATE					
OTHER					

REFERENCES

NAME	PHONE	RELATIONSHIP

Have you ever been convicted of a felony or misdemeanor other than traffic offenses?

APPLICATION QUESTIONS

1. Why do you want to become a volunteer in the Greene County School System?
2. Do you have any previous experience volunteering or working with students? If so, please specify.
3. What qualities, skills or other attributes do you feel you have that would benefit a youth?
4. Are you willing to communicate regularly and openly with program staff, provide weekly/monthly information regarding your mentoring activities, and receive feedback regarding any difficulties during your participation in the mentoring program?

I certify that the information recorded on this application is accurate to the best of my knowledge. Misrepresentation or omission of information is cause for termination from the Greene County School System Volunteer/Mentor roster. I agree to abide by the policies and regulations of the Greene County School System.

Date: _____

Signature: _____

THANK YOU FOR SUPPORTING THE STUDENTS OF GREENE COUNTY!!