



Cornel West Academy of Excellence  
[www.CornelWestAcademy.org](http://www.CornelWestAcademy.org)  
[info@CornelWestAcademy.org](mailto:info@CornelWestAcademy.org)  
(Phone) 919.210.3516  
(Fax) 919.415.1432

## VOLUNTEER APPLICATION

### Name:

\_\_\_\_\_

**Last**                                      **First**                                      **MI.**

### Home Address:

\_\_\_\_\_

**Street Address**

\_\_\_\_\_

**City**                                      **State**                                      **Zip**

**Home Phone:** (    ) \_\_\_\_\_ **Cell Phone:** (    ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### Business Address:

\_\_\_\_\_

**Street Address**

\_\_\_\_\_

**City**                                      **State**                                      **Zip**

**Business Phone:** (    ) \_\_\_\_\_

**Present Employer:** \_\_\_\_\_

**Type of Firm/Corporations:** \_\_\_\_\_

**Title:** \_\_\_\_\_

### Personal Information:

**Date of Birth:** \_\_\_\_\_

**Number of Children:** \_\_\_\_\_ **Spouse:** \_\_\_\_\_

**Interest/Hobbies:** \_\_\_\_\_

**Church Affiliation:** \_\_\_\_\_



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## Education:

College Graduate? Yes \_\_\_ No \_\_\_ Name of College/University \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Year \_\_\_\_\_

Graduate Degree? Yes \_\_\_ No \_\_\_ Name of College/University \_\_\_\_\_

Degree Earned: \_\_\_\_\_ Year \_\_\_\_\_

**Elected /Appointed Official?** Yes \_\_\_ No \_\_\_

Position: \_\_\_\_\_

Year Elected/Appointed: \_\_\_\_\_

Current Term Ends: \_\_\_\_\_

**Civic/Community Official:** Yes \_\_\_ No \_\_\_

Position: \_\_\_\_\_

Year Elected/Appointed: \_\_\_\_\_

Current Term Ends: \_\_\_\_\_

**Board Membership?** Yes \_\_\_ No \_\_\_

List Current Boards and Position:

\_\_\_\_\_  
\_\_\_\_\_

**Organizational Membership?** Yes \_\_\_ No \_\_\_

Name of Organization(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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## **NON-REFUNDABLE PAYMENT CONSENT**

All Volunteer Applicants for the Cornel West Academy of Excellence are required to pay a \$20.00 non-refundable application fee. This fee will cover the cost of processing the application.

I understand that my \$25.00 application fee is non-refundable and hereby give my consent to begin processing my application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## **Background Check Authorization**

I authorize the Cornel West Academy of Excellence to perform a background check into the records of any law enforcement agency for the records of criminal convictions. I understand that any adverse information obtained will be considered in the decision for membership.

I authorize any individual or entity to reveal to the Cornel West Academy of Excellence the results of this criminal background check. I release the Cornel West Academy of Excellence and any individual or entity from any and all claims, losses, liabilities costs or expenses related to gathering and reporting this information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature