



VOLUNTEER APPLICATION

Name _____ Phone (____) _____

Address _____ City _____ Zip _____

How long have you lived at this address? _____

List previous address if you have lived at current address less than two years: _____

How long have you lived in this county? _____

Employer _____ Your Position _____

Phone (____) _____ Hours _____ May I call you at work? _____

SS# _____ - _____ - _____ DOB ____ - ____ - ____ NCDL# _____ Exp. _____

Auto Insurance Carrier _____ Insurance Expiration Date: _____

Family Status: Single _____ Married _____ Widow _____ Divorced _____ Separated _____

Spouse's Name _____

Names and ages of children in your home _____

Education (indicate schools, majors, degrees): _____

Why are you interested in volunteering? _____

Please list any experience working with young people; (i.e. church, scouts, etc.) Include dates.

List any other volunteer experiences _____

What are your hobbies, skills, special talents, interests? _____

Please list clubs, professional organizations, church or temple affiliation (indicate offices held and year) _____

Please check any one of the following that you are interested in:

_____ One-on-One with a young person	_____ transportation
_____ Teaching a skill or hobby to a young person	_____ fundraising
_____ Tutoring	_____ Group Activities
_____ Donating professional services, i.e. medical, dental, legal, artwork, etc.	

Please check any of the following that you feel may prevent you from fulfilling the required time commitment of four (4) hours a week for one year:

_____ employment	_____ extended trips out of the area	_____ life changes
_____ school	_____ other (please specify) _____	

Do you take any illegal drugs? _____

Do you have any history of excessive use of any drugs (over the counter, prescription, and/or alcohol)? _____

Have you ever been in treatment (i.e. abuse, alcohol, drugs, emotional problems, etc.)? If so, when and what were the results? _____

Have you ever been convicted of a misdemeanor or felony, including traffic offenses? _____

If yes, state offense and date of conviction _____

List four references (not relatives) who have known you for at least one year. One must be your employer. Include complete mailing addresses.

1. Name _____

Address _____

Home Phone (____) _____ Work Phone (____) _____

2. Name _____

Address _____

Home Phone (____) _____ Work Phone (____) _____

3. Name _____

Address _____

Home Phone (____) _____ Work Phone (____) _____

4. Name _____

Address _____

Home Phone (____) _____ Work Phone (____) _____

If you have done volunteer work with young people prior to this time, list as a reference your supervisor(s) from that experience, even if it occurred in another state.

1. Name _____

Address _____

Home Phone (____) _____ Work Phone (____) _____

2. Name _____

Address _____

Home Phone (____) _____ Work Phone (____) _____

I certify that all information on this application is true. I understand that any false statements or withheld information on my part will be reason to disqualify me from serving as a volunteer. I give my permission to the Director of this program to contact the references I have listed. I also understand that there will be a criminal background check done to protect the program and the children. I also authorize the Director to inquire about my qualifications from other people or organizations deemed appropriate. I understand and agree that, in the event one of the references provided by me above, recommends against my being matched with a child in this program, a match cannot be made.

Signature _____ Date _____



CRIMINAL/DRIVING HISTORY CHECK

I, _____, give the _____
(Applicant's Full Name) (Program Name)

permission to check my criminal and driving history, using the following information, through the local Sheriff's or Police Department. I understand that this screening process is necessary for my qualification as a _____ volunteer.
(Program Name)

Sex: _____ Race: _____ DOB: _____ SS#: _____

Driver's License #: _____ Maiden Name: _____

Signed Date

Witness Date

RESULTS OF CRIMINAL/DRIVING HISTORY CHECK: (Please check one)

_____ Does not have a criminal and/or driving history

_____ Does have a criminal and/or history with the following charges/violations:

Signed Date

Title Date check completed

ATTACH TO THIS FORM ANY FORMS COMPLETED BY THE CLERK OF COURT'S OFFICE AND A COPY OF THE APPLICANT'S NC DRIVER'S LICENSE.