



Volunteer Application Form

Volunteer Information

Name _____ Phone (____) ____ - ____

Current Address _____ City _____ Zip _____

E-Mail Address _____ How long have you lived in this county? _____

Emergency Contact:

Name _____ Relationship _____

Phone (____) ____ - ____

Address _____ City _____ Zip _____

Do you have a valid driver's license? Yes _____ No _____

Driver's License Number: _____ State _____ Class _____ Exp. Date _____

What days and hours are you available for volunteer work? _____

EDUCATION (indicate schools, majors, and degrees): _____

Why are you interested in volunteering? _____

Certification

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 Onslow County Government or designee of this program to contact the references I have listed. I also authorize Human Resources or designee 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 me being a suitable volunteer or mentor; I will not be selected.

Signature _____

Date _____



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Volunteer Supervisor Name _____ Department _____

Date _____

Attachments: Documentation from the school/organization of the request approval

Confidentiality Agreement for Volunteer

All completed forms should be sent to Human Resources.