



# Volunteer Application Form

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## 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.