

Office Use Only:  
Date Received: \_\_\_\_\_  
Contact Date: \_\_\_\_\_  
Orientation Date: \_\_\_\_\_  
Start Date: \_\_\_\_\_

## ALAMANCE COUNTY

### VOLUNTEER APPLICATION

Full Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_ SSN# \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: Male Female  
(Month / Day/Year)

Email address: \_\_\_\_\_

Person to be notified in case of an emergency \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address) (Phone #)

Age:  
 Under 18  18 & over

Special Education/Skills that will help in Volunteer Assignments: \_\_\_\_\_

Time Commitment and Availability:

Day(s)  Monday  Tuesday  Wednesday  Thursday  Friday

Time Preference:  Mornings  Afternoons  Evenings

How did you hear about our organization? \_\_\_\_\_

Why do you want to be a Volunteer? \_\_\_\_\_

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Do you have any physical limitations that need to be considered for job assignment purposes? If so, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense other than a traffic offense?  Yes  No  
If yes, please explain: \_\_\_\_\_

References: (Non-relative; known at least one year)

1. \_\_\_\_\_  
Name Address City/St/Zip  
How many years known? \_\_\_\_\_  
Phone #

2. \_\_\_\_\_  
Name Address City/St/Zip  
How many years known? \_\_\_\_\_  
Phone #

Interest in what type of Volunteer Opportunities (if any, check all boxes):

- Special Event (specify which event, if known): \_\_\_\_\_
- Computer Data Entry
- General shelving and cleaning
- Interpreter (fluent in what languages) \_\_\_\_\_

Do you have a valid North Carolina Driver's License? If so, list Number \_\_\_\_\_

**Certification**

I certify the information given in this application is complete and correct. I further understand that discovering information to the contrary may be cause for re-determination of volunteer assignments with the agency.

I certify that I am covered by an independent insurance carrier and that Alamance County will not be held responsible for any injuries that I may incur as a result of my Volunteer services for the County.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If Volunteer is under 18 years of age:**

I give permission for my child/ward to be a volunteer at this agency. I certify that my child/ward is covered by an independent insurance carrier and that Alamance County will not be held liable for any injuries that my child/ward may incur as a result of providing volunteer services for the County.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Guardian