



Caswell County Partnership for Children
1084 NC Hwy 86
Yanceyville, NC 27379
336-694-1538
www.caswellchildren.org

Volunteer Application

Applicant's Name: _____ Date of Application: _____

Home Phone _____ Cell Phone: _____ E-Mail Address _____

Address _____ City _____ Zip _____

Emergency Contact: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell: _____

Employer: _____ Phone: (____) _____

Your Position: _____ Employed From/To: _____

Schedule: _____ May we call you at work? Yes ___ No ___

Name of last High School Attended: _____ State _____ County _____

Did you graduate? Yes ___ No ___ Did you receive a GED? Yes ___ No ___

Education Beyond High School:

| <u>Institution/City/State</u> | <u>Dates Attended</u> | <u>Degree</u> | <u>Month/Year</u> | <u>Major</u> |
|-------------------------------|-----------------------|---------------|-------------------|--------------|
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If you are under the age of 18, please list your age: _____

Why are you interested in volunteering? _____

Please list previous, relevant volunteer experience such as clubs, professional organizations, church or service organizations:

Please check the area(s) that you would be interested in volunteering:

- ___ Assist with clerical duties ___ Work with youth in afterschool program
- ___ Chaperone youth fieldtrips ___ Read stories to young children
- ___ Work with young children in child care ___ Assist with community outreach activities
- ___ Provide child care during workshops/meetings
- ___ Donate professional services, i.e. medical, dental, legal, artwork, etc.
- ___ Other (please specify): _____

Can you make a commitment to CCPFC for at least one-year? Yes No

If no, please explain _____

When are you able to volunteer?

- Days of the Week: _____
- Times of Day: _____

Do you have Transportation? Yes ___ No ___

Drivers license number and state: DL# _____ State _____ Date of Expiration _____

Auto Insurance Carrier: _____ Insurance Expiration Date ___/___/___

Have you ever received a traffic violation? Yes ___ No ___ If yes, please explain _____

Have you ever been convicted of a misdemeanor or felony involving children or violence?

Yes ___ No ___

If yes, state offenses and the date of conviction _____

List three professional references (**not relatives or friends**) who have known you for at least one year. Include complete mailing addresses and phone numbers. The references should be able to **attest to your character, skill, and dependability, as well as, your experience or ability to work with children.** If you have experience with youth as a volunteer, please be sure to list as a reference your supervisor(s) from that experience.

1. Name _____ Organization/Title: _____

Address: _____ City: _____ State: _____

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

How long have you known this reference and through what relationship: _____

2. Name _____ Organization/Title: _____

Address: _____ City: _____ State: _____

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

How long have you known this reference and through what relationship: _____

3. Name _____ Organization/Title: _____

Address: _____ City: _____ State: _____

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

How long have you known this reference and through what relationship: _____

I certify that all the information included on this application is true to the best of my knowledge. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or will be reason to disqualify me from serving as a Caswell County Partnership for Children Volunteer, whenever it may be discovered.

I hereby authorize the Caswell County Partnership for Children to contact, obtain, and verify the accuracy of information included in this application. I hereby give my permission to contact the references listed above. I also understand that a criminal background check will be conducted if I have applied to volunteer to work with children. Furthermore, I authorize the Caswell County Partnership for Children to inquire about my previous/present volunteer and work experience. I understand and agree that a negative reference may result in me not becoming a Caswell County Partnership for Children volunteer. I also hereby release from liability the Caswell County Partnership for Children and its representatives for seeking, gathering, and using such information to make decisions and all other persons or organizations for providing such information.

Signature: _____ Date: _____