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in the

Smart Start
network™

Caswell County Partnership for Children

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www.caswellchildren.org www.facebook.com/CaswellPartnershipForChildren

Youth/Intern Volunteer Application

Name _____ Age _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Address _____ City/State _____ Zip _____

Emergency Contact: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell: _____

Why are you interested in volunteering? _____

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

When are you able to volunteer?

- Days of the Week: _____

- Times of Day: _____

How many volunteer hours do you need to complete? _____

When do the volunteer hours need to be completed (if applicable)? _____

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 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: _____

Parent Signature: _____

Date: _____