



979 Washington Square Mall
Washington, NC 27889
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Beaufortcountykids.org

VOLUNTEER APPLICATION FORM
(PLEASE PRINT CLEARLY)

Application Date _____

Full Name _____

Home Address _____

Mailing Address (if different) _____

Home Phone _____ Cell Phone _____ Email _____

Days/Times available for Volunteer Work: _____

Education

Highest Level of Education _____

Employment

Current or most recent employer _____

Position/Title _____

Dates of Employment (starting, ending) _____

Address _____

Would you like us to keep your employer abreast of your volunteer service and achievement? No Yes N/A

Special training, skills, hobbies

Groups, clubs, organizational memberships

Please describe your prior volunteer experience (include organization names and dates of service)

What experiences (personal and/or professional) have you had that may prepare you to work as a volunteer in the field of early childhood development?

What do you hope to gain from this volunteer experience?

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime, State and county of conviction, the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Answer the following questions only if the volunteer work you desire to provide involves deliveries or transportation of any kind. Otherwise, initial the statement below:

_____ Not Applicable to assigned volunteer duties

Do you have a driver's license? No Yes

Car insurance? No Yes

Car available for transporting others? No Yes

REFERENCES:

Please list three people who know you well and can attest to your character, skills and dependability (NOT family members). Include your current or last employer.

| Name/Organization | Relationship to You | Phone Number | Length of relationship |
|-------------------|---------------------|--------------|------------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with The Beaufort-Hyde Partnership for Children that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application may be verified by The Beaufort-Hyde Partnership for Children. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with The Beaufort-Hyde Partnership for Children or my termination as a volunteer.

Signature of Applicant _____ Date _____