



# Caswell County Partnership for Children Volunteer Application

Date of Application \_\_\_\_\_

**Volunteer Information:**

Last Name		First Name	
Address		City	County
State	Zip Code	Phone Number(s)	Email

**Emergency Contact Information:**

Last Name	First Name
Phone Number(s)	Relationship to You

Date you could begin volunteering:	Days/times are you available to volunteer:
# of hours you need or would like to complete (if applicable):	Date the volunteer hours need to be completed (if applicable):

Enter specific areas you are interested in volunteering:

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

**Education:**

Enter the highest grade completed:					
Schools	Location	Dates Attended	Year Graduated	Major/Minor Course Work	Degree Received
High School					
College/University					
College/University					
Other Educational, Vocational Schools, etc.					

**Work History**

Current or Last Employer	Address	Phone Number
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*Effective August 2020*

Job Title		Supervisor's Name
Dates Employed		May we contact employer? ____ YES      ____ NO
Duties		

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot volunteer. The offense and how recently you were convicted will be evaluated in relation to the volunteer work for which you are interested.)  
 \_\_\_\_ YES      \_\_\_\_ NO      (If yes, please explain fully on an additional sheet.)

**References (please provide the names and contact information for three professional references)**

Name	Relationship
Phone Number	Email

Name	Relationship
Phone Number	Email

Name	Relationship
Phone Number	Email

I certify that I have provided true, accurate, and complete information on this application to the best of my knowledge. In the event confirmation is needed in connection with my work or education, I authorize the entities and individuals listed on this application to furnish whatever detail is available concerning my qualifications and experience. I authorize investigation of all statements and information included on this application. I understand that false information may be grounds for rejection of my application and (or) dismissal if I begin volunteering. I 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.

*\*If I have applied for a volunteer position working directly with children, I understand that a criminal background check will be conducted. A separate consent form will be used to conduct that process.*

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

**Caswell County Partnership for Children**  
 PO Box 664, Yanceyville, NC 27379 - 336-694-1538 - fax: 336-694-7666  
[www.caswellchildren.org](http://www.caswellchildren.org) [www.facebook.com/CaswellPartnershipForChildren](https://www.facebook.com/CaswellPartnershipForChildren)

