**Attachment A**



**Volunteer Application**

(to be completed by individuals seeking volunteer assignment

with Robeson County Partnership for Children, Inc.)

Volunteers must complete this form before the initial interview. Consideration as a volunteer is based on the completion and return of this form to the Volunteer Coordinator.

**Please fill out with BLUE INK**

**General Information:**

Date: Gender: M/F

Name:

(Title) (Last) (First) (Middle)

Address:

(Street) (City) (State) (Zip Code)

Telephone:

(Work) (Home) (Cell)

E-mail address:

Date of Birth: Current occupation:

Organization:

Interest: Skills:

|  |  |  |  |
| --- | --- | --- | --- |
| **Working directly with children** | **Smart Start Resource Lending Library** | **Handyman**  Specify: | **Landscaping/**  **Grounds** |
| **Office Support** | **Outreach/advocacy** | **Marketing** | **Graphic Arts** |
| **Outreach Events** | **Receptionist** | **Website Design** | **Photography** |

Please list three references, excluding friends and family that we can contact as a testament to your character:

Name Relationship Telephone E-mail

1.

2.

3.

Because many of our volunteer positions involve working with children, you must inform us if you have ever been convicted of a crime (excluding minor traffic violations) or are a registered sex offender:

If so, please explain:

Please list any previous work experience:

Employer Position Title City/State Supervisor

1.

2.

3.

May we contact the above listed Supervisors?

Please share your educational background:

School Degree Year Graduated

1.

2.

3.

4.

By signing below, I acknowledge that the information on this application is true.

Volunteer Applicant Signature: Date:

Volunteer Coordinator Signature: Date: