**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: