

For Office Use Only
Rec'd Date: _____
Clearance Date: _____



Volunteer Application (Please print clearly)

Name: _____ **Date of Birth:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone: _____ **Work:** _____ **Cell:** _____

Email: _____

Have you been convicted of a criminal offense? **Yes** **No**

If yes, please give date, location and details:

Building Community Teams Now!

Areas of interest: Check all that apply

- Connect 2 Redirect Program Advisory Team Day Resource Advisory Center Team
- Housing Team
- Awareness Volunteer (attends events and/or assist with community presentations)
- Administration: Office Volunteer (assists with administrative and office tasks)
- Technology Team
- Education/Skills Training Advisory Team
- Fund Raising Teams

Availability:

When are you interested in volunteering? on a regular basis occasionally as your schedule permits

If regularly, what days and times are you interested in?

Do you need community service hours? **Yes** **No**

For Office Use Only
Rec'd Date: _____
Clearance Date: _____



Are the hours for: School or Court Appointed

Other Volunteer experiences:

Name of Organization	Volunteer Dates	Contact Person	Contact Number	May we Contact

Emergency contact information: (To be used only in the event of an emergency)

1. Name: _____ Relationship: _____

Address: _____

Phone Number(s): _____

2. Name: _____ Relationship: _____

Address: _____

Phone Number(s): _____

Are there any medical conditions that we should be aware of? (E.g. epilepsy, asthma, etc.)

Yes No

If yes, please provide a brief explanation and physician's contact information if indicated:

Signature: _____ Date: _____

Thank you for your interest in volunteering with Connections of Cumberland County

Please return completed application via mail or email to:

Connections of Cumberland County

P. O. Box 88040

Fayetteville, N.C. 28304

vc@connectionsofcc.org

Visit our website at www.connectionsofcc.org