



1576 Kelly Drive • Sanford, NC 27330 • (919) 776-4048

Volunteer Application

General Information:

Name: _____ Date: _____

Address: _____

Home Phone: _____ Work Phone: _____

Personal and/or Work E-mail: _____

For How Many Years Have You Continuously Lived In North Carolina? _____

Education / Employment:

High School _____ Graduate? Yes No Year _____

College _____ Graduate? Yes No

Degree/Major _____ Date last attended _____

Present Employer _____ From _____ To _____

Address _____ City _____ Zip _____

Phone # _____ Position held _____ Supervisor _____

Previous Employer _____ From _____ To _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Position held _____ Supervisor _____

List any areas of work for which you are licensed, registered or certified. Give date(s) and source(s) of issuance. _____

Have you been convicted on any crime, including sex-related or child abuse related offenses, other than a minor traffic violation? Yes No

If yes, please explain: _____

Experience:

Briefly describe any previous volunteer experience you have.

Briefly describe experience (volunteer and/or paid) you have in working with people with developmental disabilities.

Interests / Needs of the Program:

What kind of leisure/recreational activities do you enjoy?

What are your hobbies or special interests?

Please list any groups, clubs or religious organizations you attend.

Do you have a personal car and valid car insurance?

- Yes No

Would you be willing to transport a consumer in your personal vehicle?

- Yes No

How did you learn about Stevens Center? _____

How would you prefer to communicate with the Volunteer Coordinator? (Check One)

- Home phone Work phone Cell Phone
 Personal E-mail Work E-mail

Please check your current availability

	Morning	Afternoon	Evening
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Please check your preference regarding whom you would most like to serve:

Sex: Male Female Either

Age: Infants / Toddlers (0-5) 5 to 12 years Teenagers Adults

References:

As a volunteer in the program you are required to submit 3 references, and give permission for us to contact them.

Name			
Relationship			
Mailing address, including ZIP			
Phone number(s)			
E-mail			
Best time to reach			

Release:

I assert that the information in this application is true and accurate to the best of my knowledge. I give permission for all references to be contacted, and understand that the information obtained from all references will not be shared with me or my representatives.

I understand that the Stevens Center does not have funding or insurance to provide financial assistance should I be injured or be accused of illegal activity in the course of my volunteer activity. By signing this form, I release the Stevens Center of all liability and responsibility for any injury or incident incurred as part of my volunteer activity with the Stevens Center.

Signature

Date