



VOLUNTEER PROGRAM

VOLUNTEER SERVICES APPLICATION

Thank you for considering Carteret County Government as an opportunity for your volunteer activity. The Department will seriously consider your application and will contact you if a suitable volunteer opportunity is available. Please provide the following information:

Volunteer Position Desired:	Department:
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Full Legal Name: (Please Print)

Street Address:

City:	State:	Zip Code:
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Phone Number: ()	Social Security Number:
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Email Address:	Driver's License Number:	State:
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What skills do you have that will assist you with this volunteer position? (Ex: Computer, office skills, artistic/athletic abilities, experience with animals, etc)

Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of birth:	If no, are you volunteering with Carteret County School System? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you currently or have you ever been employed by Carteret County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes; list name, position and department?
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Do you have any relatives currently working for Carteret County Government? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes; list name, relationship and department?
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Criminal History: Have you ever been convicted or pleaded guilty before a court for any federal, state or municipal criminal offense? (Not including minor traffic misdemeanors.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details below: (Include, State, County, Date of Offense and Details of Conviction)
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Volunteer/Internship Waiver, Release & Indemnity
I certify that I am offering my services to Carteret County Government on a strictly volunteer basis. I understand that I will receive no pay, benefits or other privileges generally offered to employees for my services. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work. I understand that all applicable rules for participation must be followed and that it is my sole responsibility to use personal judgement in following safety rules and to participate in all events and programs throughout the year.

Certification of Information Provided:
I hereby certify and attest that all information provided is true, correct and complete. I understand that any falsification of information will disqualify me for volunteer assignments with Carteret County Government.

Applicant Signature:	Date:
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Parent or Guardian Printed Name and Signature (if applicant is a minor):	Date:
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If approved as a volunteer, we request each volunteer provide us with an emergency contact.	
Emergency contact: (Name)	(Phone)

FOR INTERNAL USE ONLY

Identification Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No

Document Presented:	Expiration Date:
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Background check conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No	Background Findings <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
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Reviewed by: (Staff Signature)	Date:
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