

Volunteer Carroll County!



Those who can, do. Those who can do more, volunteer.

- Author Unknown

Name: _____

Address: _____

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

Telephone: _____ **E-mail:** _____

Are you 18 years of age or older? Yes No

Do you possess a driver's license valid in the Commonwealth of Virginia? Yes No

Education:

Enter highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 _____

If you did not complete high school, do you have a GED or High School Equivalent? Yes No

Enter number of years of post high school education: 1 2 3 4 5 6 7 _____

Current and Previous Volunteer and Work Experience:

Organization	Position & Duties	Dates	Volunteer or Work

Have you ever been convicted of a law violation(s), including moving traffic violations but excluding offenses committed before your eighteenth birthday which were finally adjudicated in a Juvenile Court or under a youth offender law?: Yes No

If yes, list and explain: _____

Please check all days of the week you are available:

Monday	Preferred Work Hours:	_____	to	_____
Tuesday		_____	to	_____
Wednesday		_____	to	_____
Thursday		_____	to	_____
Friday		_____	to	_____
Saturday		_____	to	_____
Sunday		_____	to	_____

Why are you interested in becoming a volunteer with Carroll County?

Special Skills or Interests:

References:

Name	Address	Phone	Relationship

I understand that I am offering my services to Carroll County on a volunteer basis, without compensation. Depending on the nature of my volunteer work, I may be required to undergo a background check to include employment and education histories, driving records, criminal background and other related matters. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

Signature

Date