



**ROCKINGHAM COUNTY PARTNERSHIP FOR CHILDREN, INC.**

**VOLUNTEER INFORMATION SHEET**

P.O. BOX 325, WENTWORTH, NC 27375

Phone: (336) 342-9676 Fax: (336) 342-9962 email: heatherk@rockinghamkids.org

Please type or print in blue or black ink

Last Name		First Name	Middle Name	
Address (Street & Number)		City	County	Date of Application
State	Zip Code	Home Phone	Work Phone	

**Emergency Contact Information**

Last Name		First Name
Phone Number		Relationship to You

What date could you begin volunteering (mo. /day/yr.)? \_\_\_\_\_

Enter specific areas you are interested in volunteering in.

\_\_\_\_\_

\_\_\_\_\_

Please indicate your referral source: \_\_\_\_\_

Are you related by blood or marriage to any person now working for the Rockingham County Partnership for Children? Yes  No   
 If yes, give name, relationship to you and position held \_\_\_\_\_

Are you a U.S. Citizen? Yes  No  If not a U.S. Citizen, are you eligible to work in the U.S.? Yes  No

Have you ever served honorably in the armed forces of the United States? Yes  No

At the time of this application, are you the spouse of a deceased veteran? Yes  No

Give the dates of your (or spouse) qualifying military service:

Entered: \_\_\_\_\_ Separated: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

**Education**

Circle the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED						College 1 2 3 4				Graduate School 1 2 3 4					
Schools	Name & Location	Date Attended	Year Graduated	Maj/Min Course Work	Degree Received										
High School															
College(s)/ University															

College(s)/ University					
Graduate or Professional					
Other educational, vocational schools, internships, etc.					

**Work History**

Current or Last Employer			Address			Telephone No.		
Job Title			Supervisor's Name			No. Supervised by you		
Date employed (mo/yr)							May we contact employer	
Date separated			Duties:					
Full time	Years	Months						
Part time	Years	Months						

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Job Title			Supervisor's Name			No. Supervised by you		
Date employed (mo/yr)							May we contact employer	
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Date separated			Duties:					
Full time	Years	Months						
Part time	Years	Months						

CHECK the following skills, experiences, etc., which you have:

drivers license       foreign language       legal transcription       typing  
 sign language       shorthand       car for use at work       other \_\_\_\_\_

Have you ever been convicted of an offense against the law other than a minor traffic violation? (a conviction does not mean you cannot volunteer. The offense and how recently you were convicted will be evaluated in relation to the volunteer work for which you are interested.)

YES       NO (If yes, please explain fully on an additional sheet.)

Name:	Occupation:
Relationship:	Phone Number:

**References (Please provide the names and contact information for a minimum of 3 references)**

Name:	Occupation:
Relationship:	Phone Number:

Name:	Occupation:
Relationship:	Phone Number:

Name:	Occupation:
Relationship:	Phone Number:

I certify that I have given true, accurate, and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made on this application and understand that false information may be grounds for rejection of my application and (or) dismissal if I begin volunteering.

\_\_\_\_\_  
Signature of Volunteer Applicant (unsigned applications will not be processed)

\_\_\_\_\_  
Date