



NC Department of Public Safety
Granville County
4H BEST Program Volunteer Application

Volunteer Application Date:	
Volunteer Interest: (Check all that apply)	<input type="checkbox"/> Granville County Teen Court <input type="checkbox"/> Juvenile Community Service <input type="checkbox"/> Granville County Restorative Circles

CONTACT INFORMATION

Full Name:		Home Phone:	()
Current Address:		Cell Phone:	()
		E-mail Address:	
How long have you lived at the above address? _____ years _____ months			
List previous address if you have lived at the current address less than two (2) years			
Street Address:			
City:	State:	Zip	:

Family Status: <input type="checkbox"/> Single <input type="checkbox"/> Married			
Emergency Contact Name: (if applicable)		Emergency Contact #:	()
		Relationship:	

EMPLOYMENT INFORMATION (Current)

Employer:		Your Title:	
Address:			
Contact #:	()		

EMPLOYMENT INFORMATION (Previous)

(List previous employer if at current employment less than two (2) years.)

Employer:		Your Title:	
Address:			
Contact #:	()		

THIS SECTION IS REQUIRED IF YOU WILL SUPERVISE OR TRANSPORT YOUTH.

SS #:	- -	Date of Birth:	
Do you have a valid driver's license? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Driver's License #:		State Issued:	Expiration Date:

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Auto Insurance Carrier:		Insurance Expiration Date:	
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EDUCATION INFORMATION

School(s) Attended:		Degree Received:	
		Degree Received:	
		Degree Received:	

VOLUNTEER EXPERIENCE

Agency Name:		Dates of volunteer work:	
Contact Name:	()	Contact #:	()
Did you work directly with youth when volunteering at this agency?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, briefly describe.		
Describe other volunteer responsibilities and reason for leaving, if applicable:			

Agency Name:		Dates of volunteer work:	
Contact Name:	()	Contact #:	()
Did you work directly with youth when volunteering at this agency?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, briefly describe.		
Describe other volunteer responsibilities and reason for leaving, if applicable:			

Agency Name:		Dates of volunteer work:	
Contact Name:	()	Contact #:	()
Did you work directly with youth when volunteering at this agency?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, briefly describe.		
Describe other volunteer responsibilities and			

4H BEST Program Volunteer Application (cont'd)

reason for leaving, if applicable:	
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CURRENT VOLUNTEER INTEREST

Why are you interested in volunteering with this agency/program?

HISTORY INFORMATION

Do you have any history of alcohol or drug abuse?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, briefly explain including any treatment received.	

Have you ever been convicted of a misdemeanor or felony?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, briefly explain including offense and conviction dates.	

Have you ever been convicted of a traffic violation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, briefly explain including offense and conviction dates.	

OTHER INFORMATION YOU WOULD LIKE TO ADD REGARDING THE ABOVE HISTORY SECTION.

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REFERENCES

List four references (not relatives) who have known you for at least one (1) year. Include complete mailing addresses.

Full Name:		Home Phone:	()
Address:		Other #:	()
		E-mail Address:	
		Relation:	

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Full Name:		Home Phone:	()
Address:		Other #:	()
		E-mail Address:	
		Relation:	

Full Name:		Home Phone:	()
Address:		Other #:	()
		E-mail Address:	
		Relation:	

Full Name:		Home Phone:	()
Address:		Other #:	()
		E-mail Address:	
		Relation:	

I certify that all information on this application is true to the best of my knowledge.

I agree for a criminal background check to be conducted. In the event I supervise or transport youth a driver's licenses check will also be conducted. Furthermore, I authorize the agency to inquire about my previous/present volunteer and work experience and to contact the references listed above.

I understand that any false statements, withheld information or negative feedback from reference(s) will be reason(s) to disqualify me from volunteering with this agency.

Volunteer Name (Sign): _____ Date: _____

Volunteer Name (Print): _____

FOR AGENCY USE ONLY

Date References checked:	
Staff Checking References:	