



**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"/> Community Service	
	<input type="checkbox"/> Un-Rappin' the G.I.F.T.	<input type="checkbox"/> He-Matters	

**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:
Auto Insurance Carrier:		Insurance Expiration Date:		

**EDUCATION INFORMATION**

## 4H BEST Program Volunteer Application (cont'd)

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 reason for leaving, if applicable:			

### CURRENT VOLUNTEER INTEREST

Why are you interested in volunteering with this agency?

## 4H BEST Program Volunteer Application (cont'd)

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### 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:	

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

Full Name:		Home Phone:	(     )
		Other #:	(     )

### 4H BEST Program Volunteer Application (cont'd)

Address:		E-mail Address:	
		Relation:	

Full Name:		Home Phone:	(      )
		Other #:	(      )
Address:		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:	