

ROWAN COUNTY GOVERNMENT VOLUNTEER APPLICATION

Name _____ E-mail _____
(Please print name as shown on your Social Security card)

Address _____ City _____ Zip _____

Phone number _____ (day) _____ (evening) _____ (other) _____

Volunteers must be 16 years of age or older. If applicant is 16 or 17 years of age, the parental permission form (see bottom of page) MUST be completed.

Name of Rowan County Agency _____

What days and hours are you available for volunteer work?

Do you wish to volunteer for a specific number of hours? (Circle one) Yes No
If yes, how many hours? _____ /weekly or total number of hours _____

Will this volunteer service fulfill a requirement of a school, club, or other group? (Circle one) Yes No
If so, please name the school, group or agency: _____

Deadline for completion (if any) _____

Emergency Contact:

Name _____ Relationship: _____ Phone: _____

Address: _____

I certify that the statements made in this volunteer application are true and correct, and have been given voluntarily. I understand that I will be a volunteer for the County of Rowan and that I will not receive any compensation or pay for my volunteer hours.

Signature of applicant: _____ Date: _____

Parental permission and consent (to be completed by parent/guardian of volunteer aged 16 or 17 years)

My son/daughter has my permission to work as a volunteer with Rowan County Government

Signed: _____ Date: _____

Please Print Name _____

Other Forms Required: Criminal Background Authorization and Technology Use Form