

# 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: \_\_\_\_\_

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**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**