NC DPS
DEPARTMENT OF PUBLIC SAFETY
PREVENT · PROTECT · PREPARE

Program Volunteer Application Template

The below information will be used to conduct a criminal background check and a driver's license check when youth are transported by a volunteer.

GENERAL INFORMATION

Full Name:		Contact Number	( )
Current Address:		Alternative #:	( )
		E-mail Address:	
		Social Security Number:	- -
Date of Birth:		Ethnicity:	

List addresses for the previous five years.

Street Address:					
City:		State:		Zip:	
Street Address:					
City:		State:		Zip:	
Street Address:					
City:		State:		Zip:	
Street Address:					
City:		State:		Zip:	
Street Address:					
City:		State:		Zip:	

EDUCATION INFORMATION

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

CURRENT VOLUNTEER INTEREST

Why are you interested in volunteering with this agency?

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REFERENCES
List three 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:	
Address:		Other #:	
		E-mail Address:	
		Relation:	

I certify that all information on this application is true to the best of my knowledge and understand the information will be used to conduct a criminal background check. I also authorize the agency to contact the references listed above. In the event I supervise, or transport youth, a driver's licenses check will also be conducted.

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 Print and Sign: _____

Date: _____

FOR AGENCY USE ONLY

Date References checked:	
Staff Checking References:	

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