



Dare County Friends of Youth
VOLUNTEER APPLICATION

Name _____ Home Phone: () _____
(First) (Middle) (Last)

Cell Phone: () _____ E-Mail Address: _____

Mailing Address: _____ City _____ Zip _____

Street Address _____ City _____ Zip _____

List previous address if you have lived at current address less than two years: _____

How long have you lived in Dare County? _____ In North Carolina? _____

Employer: _____ Your Position: _____

Work Phone () _____ Schedule: _____ May we call you at work? _____

Date of Birth _____ NCDL# _____ Exp. Date _____

Family Status: Single Married Widowed Divorced Separated

Spouse's Full Name: _____

Names and ages of children in your home: _____

Emergency Contact Person: _____ Phone Number: _____

EDUCATION: (Indicate schools, majors, degrees): _____

Why are you interested in volunteering for the Friends of Youth program? _____

Please list any experience you have, working with young people (i.e. church, scouts, etc.). Include dates.

List any other volunteer experience _____

What are your hobbies, skills, special talents, interests? _____

Please list clubs, professional organizations, church or temple affiliation (indicate offices held and year)

Do you use any illegal drugs? _____

Do you have a history of excessive use of any drugs (over the counter, prescription and/or alcohol)?

Have you ever been in treatment (i.e. for sexual abuse, alcohol, drugs, emotional problems, etc.)? If yes, when and what were the results? _____

Have you ever been convicted of a misdemeanor or felony other than traffic offenses? _____

If yes, state offense and date of conviction: _____

Have you ever been convicted of a traffic offense? If yes, please state dates: _____

Please list **four** references (not relatives) who have known you for at least one year.
PLEASE INCLUDE COMPLETE MAILING ADDRESSES.

1. **Name** _____ **E-Mail** _____

Complete Mailing Address _____

City State Zip Code

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

2. **Name** _____ **E-Mail** _____

Complete Mailing Address _____

City State Zip Code

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

3. **Name** _____ **E-Mail** _____

Complete Mailing Address _____

City State Zip Code

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

4. **Name** _____ **E-Mail** _____

Complete Mailing Address _____

City State Zip Code

Home Phone: () _____ Cell Phone: () _____ Work Phone: () _____

I certify that all information on this application is true to the best of my knowledge. I understand that any false statements or withheld information will be reason to disqualify me from serving as a Dare County Friends of Youth volunteer mentor.

I give my permission to the Director of this program to contact the references listed above. I also understand that a criminal background check will be conducted. Furthermore, I authorize the Director to inquire about my previous/present volunteer and work experience. I understand and agree that a negative reference may result in me not becoming a Friends of Youth volunteer mentor.

Signature _____ Date _____

Mail To:

Dare County Friends of Youth / P.O. Box 1000 / Manteo, NC 27954