

Campbell County Children's Center
Application for Service as a Volunteer

Name: _____ Social Security # _____ - _____ - _____

Present Address: _____

Drivers License #: _____ Expiration date: _____

Telephone: _____ - _____ - _____ Date of Birth: _____

Marital Status: _____ Level of Education: _____

Do you speak other languages? ____ yes ____ no If so, what languages? _____

Location desired for volunteer service _____

This Section for Interns only

Is this application for internship placement? ____ yes ____ no

Classification: _____

Educational Institute Attending: _____

Institutions address: _____

Contact Person: _____

Major Program of Study: _____

Anticipated date of graduation: _____

Type of Volunteer Activity Desired:

Number of hours available per week: _____

Can you use your car with your volunteer services? ____ yes ____ no

If so, do you have current automobile liability insurance? ____ yes ____ no

***Proof of insurance will be required.

References:

Name _____ Phone # _____

Address _____

Number of years known: _____

Is this a Professional or Personal Contact? _____

Name _____ Phone # _____

Address _____

Number of years known: _____

Is this a Professional or Personal Contact? _____

Name _____ Phone # _____

Address _____

Number of years known: _____

Is this a Professional or Personal Contact? _____



CAMPBELL COUNTY CHILDREN'S CENTER

Release of Arrest Record

Name of person/business requesting background check:

Name: _____
 Last First MI Maiden

Address: _____

Date of Birth _____ Sex _____ Race _____

Social Security Number: _____ - _____ - _____

Drivers License # _____ DL State _____

Signature _____

INQUIRY RESULTS

Local Warrant Check: _____

Campbell County Arrest Card: _____

No record found: _____ No record _____

Record checked by: _____ Date _____