



Volunteer Application

For office use only

Application received: ____/____/____ Interviewed on ____/____/____ Applicant:

Accepted ____ Denied ____ If denied, reason _____ Criminal history ____/____/____

Adult & Children Enterprises, Inc. Volunteer Application (please print)

Name _____ Title _____

Organization/address: Street or P.O. Box _____

City _____ State _____ ZIP _____ Telephone:

Home (____) _____ Work (____) _____ Fax

(____) _____ E-mail _____ Cell phone

(____) _____ Pager (____) _____ Social Security number

_____ Birth date _____ (for purposes of criminal history check)

Emergency contact _____ Telephone

(____) _____ Relationship _____ Physician/medical

group _____ Telephone (____) _____

Previous volunteer experience

Name of organization and supervisor Duration of volunteering

_____ / ____/____ to ____/____/____

Responsibilities _____

Name of organization and supervisor Duration of volunteering

_____ / ____/____ to ____/____/____

Responsibilities _____

Name of organization and supervisor Duration of volunteering
_____ / ____ / _____ to ____ / ____ / _____

Responsibilities _____

Volunteering for :

___ Support services ___ Tutoring ___ Character Edu./Leadership Development

___ Food preparation and service ___ Office Help ___ Special Workshop Presentations

___ Arts Instruction ___ Fitness Trainer ___ Health & Wellness Instruction

___ Technology /Science/Engineering ___ Graphic Design ___ Financial Literacy Trainer

___ Other (explain) _____

Signature

Date

Mail Completed Application to:

Adult & Children Enterprises, Inc.

Volunteer Services

P.O. Box 27025

Raleigh, NC 27611

All volunteers must agree to a background check. The next volunteer training is scheduled for October 7, 2009. Detailed training information will be provided upon receipt of your completed application. Volunteer applications are due by 5:00 pm September 30, 2009 to be included in this training.

Thank You!