

*VOLUNTEERS....*

*Changing the Future*



*Pitt County Government*

*Volunteer Application*

**VOLUNTEER SERVICES  
Pitt County Government  
1717 WEST FIFTH STREET**

**Greenville, NC 27834  
(252) 902-3050**

**Date:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_  
(Last) (First) (Middle) (Preferred)

**Mailing Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Work Other

**Social Security Number:** XXX - XX - \_\_\_\_\_ **Date of Birth (mm/dd/yy):** \_\_\_\_\_

**Permanent Mailing Address (if student):** \_\_\_\_\_  
\_\_\_\_\_

**Email Address:** \_\_\_\_\_

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**Occupation:** \_\_\_\_\_ **Business Name/Address:** \_\_\_\_\_  
\_\_\_\_\_

**Education:** \_\_\_\_\_

**Job Training/Work Experience:** \_\_\_\_\_  
\_\_\_\_\_

**Volunteer Experience:** \_\_\_\_\_  
\_\_\_\_\_

**Special talents, skills, etc.:** \_\_\_\_\_  
\_\_\_\_\_

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**Check One:**    \_\_\_ College student    \_\_\_ Volunteer from community    \_\_\_ Work-First participant



List one reference who can speak of your work ethic/performance/character either in a job/as a volunteer/or academia.

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

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Return completed application to the Human Resources Office. If accepted to interview and there are available volunteer opportunities, you will be called. Pitt County Government does not discriminate on the basis of race, religion, sex, national origin, or handicap basis. Emphasis is placed on matching your skills and abilities with assessed government needs. **A minimum three (3) month commitment is expected for ongoing site-based assignments. Bring a photo ID (Driver's license preferred) to the scheduled screening interview. You will be expected to sign a Legal Release of Liability upon placement and attend the New Volunteer Orientation.**

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*I hereby apply to become a volunteer with Pitt County Government, to abide by my commitment, to keep all client information strictly confidential, and comply with all County policies. I further agree to document the time I volunteer and assure the reporting of such time to the Volunteer Services Director or Designee on a monthly basis. The information and my responses on this application are true and accurate to the best of my ability.*

\_\_\_\_\_  
Signature of Applicant (*Must be 13 years of age*)

\_\_\_\_\_  
Date

**PARENT/LEGAL GUARDIAN**

This form **MUST BE COMPLETED, SIGNED AND RETURNED BEFORE** your child may volunteer at Pitt County.

\_\_\_\_\_  
*Signature of Parent/Guardian (if applicant is a minor)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address & Phone number*

\_\_\_\_\_  
*Name of Minor*