



Volunteer Application

Please print information.

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Preferred Phone : _____ Home Cell Work

Preferred Email Address: _____

Current Occupation/Employment: _____

AVAILABILITY: List the hours you can volunteer at The Carousel Center:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8:30-12:30							
12:00-4:00							
2:00-5:30							

If you have experience working with the following, please check all that apply below:

- | | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Assault, Abuse Neglect (victim's perspective) | <input type="checkbox"/> Information Technology |
| <input type="checkbox"/> Child Advocacy | <input type="checkbox"/> Victim Assistance Law Enforcement |
| <input type="checkbox"/> Child Protection | <input type="checkbox"/> Law/Judiciary |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Marketing/ Public Relations |
| <input type="checkbox"/> Education | <input type="checkbox"/> Other Child related field |
| <input type="checkbox"/> Financial Management | (specify) _____ |
| <input type="checkbox"/> Fundraising Government | <input type="checkbox"/> Real Estate |
| <input type="checkbox"/> Healthcare | |

How would you like to volunteer at TCC?

- Event Volunteer
- Ambassadors
- Volunteer Greeter
- Family Companion

How did you learn about The Carousel Center? Please Explain. _____

Languages you speak other than English: _____

High School Grade Level Completed	9	10	11	12	Graduated	
College	Some College	Associate's	Bachelor's	Master's	Other	
Course(s) of Study						
Diploma(s)/ Degree(s)						
Certification(s)/License(s)						

Special Skills or Qualifications:

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities including hobbies or sports.

Please summarize why you would like to volunteer at The Carousel Center, and what you would like to gain from this experience:

Emergency Contact:

Name	
Street Address	
City, State, Zip Code	
Preferred Phone	
Email Address	

All Carousel Center, volunteers and interns must be able to successfully complete a pre-employment NC Responsible Individuals List (RIL) Screen. All Carousel Center staff, volunteers and interns must be able to successfully complete a pre-employment drug screen. All Carousel Center staff, volunteers and interns must be able to successfully complete a pre-employment Criminal Background and Sexual Offender Registry Check.

Disclaimer and Signature

I specifically authorize The Carousel Center, in considering my application, to complete or cause to be completed state and federal criminal, civil and sexual offender records checks. I understand that any offer of a volunteer opportunity made by The Carousel Center is expressly conditioned on those records checks yielding satisfactory results, as determined by The Carousel Center in its sole discretion.

I understand that the issuance of this application form does not indicate that there are any positions open and does not in any way obligate The Carousel Center.

If I am offered and accept volunteer opportunities, I agree to conform to the rules and regulations of The Carousel Center. I understand that if I am offered and accept volunteer opportunities, my volunteer status can be terminated, with or without cause, at any time and for any reason, at the option of either The Carousel Center or myself. I acknowledge that I am not entitled to any compensation or benefits as a volunteer of The Carousel Center. I understand that The Carousel Center policies and procedures do not constitute a contract of volunteer status expressed or implied.

If accepted as a volunteer, I agree that I shall not, either during the course of my volunteer opportunity or at any time thereafter, disclose without authorization any confidential information related to The Carousel Center.

Signature _____ **Date:** _____