

## **Volunteer Information**

First/Middle:	Last:	
Address:		
Zip Code		
Mobile Phone:		
Phone:		
E-mail:		

What are your special talents, skills, or interests that you feel will benefit our organization? Please be specific.

## Volunteer Areas of Interest (Please check all areas that apply to you)

Event Support:

Fundraising Assistance: Social Activity Planning:

٦

Γ

Group Mentor Programs:

Volunteering Recruitment/Outreach:

Other:

## Indicate your availability (Please check all areas that apply to you)

Manday			Friday			1		
Monday			Friday	y:				
Tuesday			Saturda	y:				
Wednesday:		(Ti	mes Available) Fron	n:				
Thursday:			Т	o:				
Criminal History (Please check all areas that apply to you)								
Have you ever been c subject of criminal cha		al offence, or are ye	ou at present the	Ye	es		No	
Are you currently awai	iting trial for any crir	minal offense?		Ye	es		No	
Driver's License/Student Identification (Please check all areas that apply to you)								
Do you hold a valid dri	iving license or Stuc	dent I.D.?		Yes		No		
A valid government-issued identification document should contain a photo, current address, signature and a unique number or barcode (e.g. driver's license, passport number) assigned to the person.								
Volunteer Agreement								
As a volunteer of Efland Cheeks Community Center, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that ECCC's employees and affiliates, (cannot assume any responsibility for any liability) for any accident, injury, or health problem which may (arise from) result from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis, and I am not eligible to receive any monetary payment or reward.								
Declaration								

## I confirm to the best of my knowledge the information on this form and any attached sheets is correct.

Signed: Parent/Guardian Signature (if under 18)		Date:				
Please return this form to:						
Efland Cheeks Community Center, 117 Richmond Rd., Mebane NC 27302						
or						
unitedvoicesofeflandcheeks@gmail.com						
Applications are viewed on a weekly basis						