

Rockingham County Volunteer Application

Please print

First Name.....Last Name.....

AddressCity/State/Zip.....

Telephonecell phone.....

e-mail.....Date of Birth

Gender: Male Female

Physical Limitations: No Yes (Please Explain)

Education (highest level completed)

Grades 1-5 6-9 10-12 College Business Graduate School Technical/Vocational

Current work/occupation.....

Most recent employer if retired or unemployed.....

List previous volunteer experience.....

.....

Skills (List your skills and indicate proficiency level) Skilled Can Teach Amateur

1.

2.

Particular areas of interest:

1.

2.

Languages Fluent Read Write

1.

2.

Volunteer availability: (Circle all applicable)

Number of Days per week: 1 2 3 4 5 6 7

Monday Tuesday Wednesday Thursday Friday Saturday Sunday No Preference

Do you have transportation?

In an emergency, notify: Name

Address.....Telephone.....

Please attach other pertinent information that can help make a good match.

I understand that the Rockingham County Volunteer Center will use this information to help match volunteers with local needs. Further information may be needed by matching organizations.

Signature/Date:.....

Return to: Rockingham County Cooperative Extension Volunteer Center
525 Hwy 65, Suite 200
Reidsville, NC 27320 or brenda_sutton@ncsu.edu