



Warren County Youth Volunteer Application

Student Name _____ Home Phone # _____ Work # _____

Address _____ City _____ State _____ Zip _____ Email Address _____

Drivers License # _____ State issued _____ (Supply

NC State ID # _____ Age _____ (copy of license or ID)

Emergency Contact: _____ Phone # _____

Why are you volunteering with Warren County? _____

Do you have previous experience volunteering with Warren County ___yes / ___no

What department _____ What year _____

What do you hope to gain from your participation in this program? _____

Do you have sufficient transportation to arrive and return home within the appointed time without assistance? Yes ___ No ___

If you answered no, please explain: _____

ARE YOU INTERESTED IN SERVING ON A COUNTY COMMITTEE? INDICATE WHICH ONE:

___ LIBRARY YOUTH ADVISORY COMMITTEE (LYAC) ___ JUVENILE CRIME PREVENTION COUNCIL (JCPC)

Please list two non-family references:

1st Reference:

Name _____ Telephone (____) _____

Address _____ City/State _____ Zip _____

How do you know this person? ___ Friend, ___ Past employer, ___ Other(explain) _____

2nd Reference

Name _____ Telephone (____) _____

Address _____ City/State _____ Zip _____

How do you know this person? ___ Friend, ___ Past employer, ___ Other(explain) _____

Youth Volunteer Print Name _____

Volunteer's Signature _____

Date Signed _____ 2011

I give consent for my child to participate in the Warren County Government Volunteer Program. _____(initial).

I will provide transportation for my child's arrival at job site _____(initial).

I will provide transportation for my child's return home at 5:00 pm _____(initial).

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date Signed _____ 2011

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Contact the Warren County Manager's Office if you have questions.

Angelena Kearney-Dunlap, Clerk to the Board of Commissioners

E-mail: adunlap@co.warren.nc.us

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