



Department of Juvenile Justice and Delinquency Prevention
Governor's One-on-One Volunteer Program
Volunteer Application



Name: _____ Home Phone: (____) _____

Cell Phone: _____ E-Mail Address: _____

Address: _____ City _____ Zip _____

SS # _____ - _____ - _____ DOB: _____ NCDL # _____ Exp. Date: _____

How long have you lived at this address? _____

List previous address if you have lived at current address less than two years: _____

How long have you lived in this county? _____ In North Carolina? _____

Auto Insurance Carrier: _____ Insurance Exp. Date: / / Date Verified: _____

Family Status: Single _____ Married _____ Widowed _____ Divorced _____ Separated _____

Spouse's Name: _____

Names and ages of children in your home _____

Emergency Contact Person: _____ Relationship: _____

Work Phone: _____ Home Phone: _____ Cell: _____

Employer: _____ Your Position: _____

Phone: (____) _____ Schedule: _____ May we call you at work? _____

EDUCATION (Indicate schools, majors, degrees): _____

Why are you interested in volunteering? _____

Please list any experience working with youth; (i.e. church, scouts, etc.). Include dates.

List any other volunteer experiences _____

What are your hobbies, skills, special talents, interests? _____

Please list clubs, professional organizations, church or temple affiliation (indicate offices held and year) _____

Please check all that apply:

_____ One-on-One mentoring with a youth _____ Transportation

_____ Teaching a skill or a hobby to a youth _____ Fundraising

_____ Tutoring _____ Group activities

_____ Donating professional services, i.e. medical, dental, legal, artwork, etc.

The Governor's One-on-One Volunteer Program requires that adult volunteers matched with youth to fulfill a minimum of two (2) hours per week commitment for one year. Please list any extenuating circumstances that would prevent you from fulfilling the required time commitment.

Do you take any illegal drugs? _____

Do you have any history of excessive use of any drugs (over the counter, prescription, and/or alcohol)? _____

Have you ever been in treatment (i.e. abuse, alcohol, drugs, emotional problems, etc.)? If so, when and what were the results? _____

Have you ever been convicted of a misdemeanor or felony other than traffic offenses? _____

If yes, state offense and date of conviction _____

Have you ever been convicted of a traffic offense? If yes, dates: _____

List four references (not relatives) who have known you for at least one year. One must be your employer. Include complete mailing addresses.

1. Name: _____

Address: _____

Home Phone: (_____) City State Zip
Work Phone: (_____)

2. Name: _____

Address: _____

Home Phone: (_____) City State Zip
Work Phone: (_____)

3. Name: _____

Address: _____

Home Phone: (_____) City State Zip
Work Phone: (_____)

4. Name: _____

Address: _____
City State Zip
Home Phone: (_____) Work Phone: (_____)

If you have done volunteer work with a youth prior to this time, list as a reference your supervisor(s) from that experience, even if it occurred in another state.

1. Name: _____
Address: _____
City State Zip
Home Phone:(_____) Work Phone:(_____)

2. Name: _____
Address: _____
City State Zip
Home Phone: (_____) Work Phone:(_____)

I certify that all information on this application is true to the best of my knowledge. I understand that any false statements or withheld information will be reason to disqualify me from serving as a Governor's One-on-One volunteer.

I give my permission to the Director of this program to contact the references listed above. I also understand that a criminal background check will be conducted. Furthermore, I authorize the Director to inquire about my previous/present volunteer and work experience. I understand and agree that a negative reference may result in me not becoming a Governor's One-on-One volunteer.

Signature: _____

Date: _____