Knightdale PAAL Volunteer Application

(Please Print Clearly)

Minimum Volunteer Age is 18 Years Old

Knightdale PAAL is a tobacco and alcohol-free campus

Name_____

(First) (Last)

Phone_____

(Home #) (Work #) (Cell#)

Street _____

City_____State_____Zip_____

VOLUNTEER & EMPLOYMENT INFORMATION

1) Organization _____Phone _____

Address _____City _____State _____Zip_____

Contact Person_____

Employed/Volunteered From_____(Month)_____(Year) to _____(Month)_____(Year)

Reason for leaving_____

Job title _____

Describe work or volunteer service: _____

_____

2) Organization _____Phone _____

Address _____City _____State _____Zip_____

Contact Person_____

Employed/Volunteered From_____(Month)_____(Year) to _____(Month)_____(Year)

Reason for leaving_____

Job title _____

Describe work or volunteer service: _____

_____

May we contact the above organizations? ☐ Yes ☐ No

If No, please explain why. _____

Personal or Professional References: (References Must Be Not Related and 18 or Older)

Name _____ Address _____
Occupation _____ Phone _____

Name _____ Address _____
Occupation _____ Phone _____

Name _____ Address _____

Occupation _____ Phone _____

ALL QUESTIONS MUST BE ANSWERED TO BE CONSIDERED FOR VOLUNTEER POSITIONS

1) Have you ever been charged with or convicted of a felony? ____Yes ____No

2) Have you ever been charged with or convicted of any crime involving a sex offense, an assault, or the use of a weapon? ____Yes ____No

3) Have you ever been charged with or convicted of any crime involving the abuse or neglect of children? ____Yes ____No

4) Have you ever been charged with or convicted of reckless driving, operating a motor vehicle while under the influence, or driving to endanger? ____Yes ____No

5) Are you seeking to volunteer in order to satisfy community service requirements? ____Yes ____ No

<u>If you answered Yes to any of the above five items. please explain</u>.

I authorize Knightdale PAAL permission to run a background check/search on me. ___Yes ___No

I can speak Spanish: ____Yes ____No Other languages: _____
Sign Language: ____Yes ____No

Please list any special skills, hobbies or interests you may have: _____

_____

How did you hear about Knightdale PAAL? _____

If selected, I give my permission to include my name and/or picture in all Knightdale PAAL promotional material, newspapers, television, radio, brochures, videos, etc. ____ Yes ____ No

By signing below, I understand the following: This is for a volunteer opportunity. It is an unpaid position. Participation does not guarantee any future employment with the Town of Knightdale. I have read the PAAL Handbook in its entirety and agree to adhere to the rules, regulations, and guidelines established for the program. I agree to conduct myself in accordance with the code of conduct established in the PAAL handbook.

SIGNATURE _____ DATE _____

We must have your signature if you wish to be considered for volunteer positions. Thank you.