

# A CRY FOR HELP CORP

Volunteer Application

Phone (910) 599-9496  
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APPLICANT INFORMATION					
Last Name		First		M.I.	DOB
SS#	Street Address			Apartment/Unit #	
City		State		ZIP	
Phone		Email Address			
Time at current address:		Years	Months	Time in New Hanover county: Years Months	

BACKGROUND INFORMATION		
Employer	Phone	Work Hours
Auto Insurance Carrier	Expiration Date	
Family Status (i.e. Single, Married, Divorced, Separated)		
Names of Children		

WHY ARE YOU SIGNING UP TO VOLUNTEER

PREVIOUS VOLUNTEER EXPERIENCE

WHAT ARE YOUR INTERESTS?
Please Check all that apply:
<input type="checkbox"/> One-on-One Mentoring <input type="checkbox"/> Providing Transportation <input type="checkbox"/> Assisting with Fundraising <input type="checkbox"/> Tutoring <input type="checkbox"/> Group Activities

Do you take any Illegal drugs? If yes, please explain
Have you ever been charged or convicted of a misdemeanor or felony including traffic offenses? If yes, please explain:

<b>REFERENCES</b>				
Name	City	State	Phone	Relationship
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<b>DISCLAIMER AND SIGNATURE</b>	
<p>I certify that all information on this application is true. I give my consent for A Cry For Help to contact my references. I authorize for a background check to be performed to protect the program and the children. I understand that if I don't meet the requirements after a thorough background check, my application will be voided.</p>	
Signature	Date