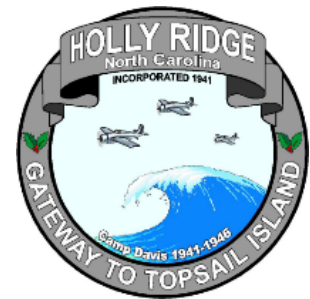


Town of Holly Ridge

Post Office Box 145

Holly Ridge, North Carolina 28445

Telephone (910) 329-7081 Fax (910) 329-1593



VOLUNTEER APPLICATION

First Name	Middle Name	Last Name	Maiden Name
List Any Former Names			
Current Physical Address <small>(Do not use P.O. Box address)</small>	City	State	Zip Code
Email Address:			
Home Phone:	Cell Phone:		
Age:	Date of Birth:		
If eligible, would you be willing to serve on a Council-appointed board or committee?			
<input type="checkbox"/> yes		<input type="checkbox"/> no	

List ALL residency information dates of residency, city, and state, beginning with your most current. Please account for out of country residency as well. If additional space is needed, please attach a separate sheet.

From (MM/YY)	To (MM/YY)	Physical Address	City	State	Zip Code
/	/				
/	/				
/	/				
/	/				
/	/				

Please describe your past and present volunteer experience. Be sure to include the name and location of each experience, whether it had been in or out of North Carolina. If additional space is needed, please attach a separate sheet.

Please explain why you would like to volunteer for the Town:

Please check when you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Additional comments about your schedule:

List your preferred activities/events:

Please list your hobbies, special interests or any skills that you have (ex. Computer skills/languages) that would assist the Town:

Please list any physical limitation you may have (ex. Heavy lifting, standing for long periods):

List two personal, local references:

Name:	Phone Number:	Email Address:
Name:	Phone Number:	Email Address:

Emergency Contact Information:

Name:	Phone Number:
Name:	Phone Number:

I understand that submitting an application does not guarantee that I will be contacted to volunteer for the Town. I understand I will be asked to perform a brief interview and a national criminal history/background check with fingerprints will be performed prior to my application being accepted/approved by the town manager.

I understand that my attendance at any training sessions or pre-event meetings held by the Town are mandatory. I understand that a shift may occur during hot, cold, windy, humid, or wet conditions and I am willing to work in uncomfortable conditions. I understand that I will not be asked to work during dangerous weather conditions.

I understand that even under the safest conditions, some activities may be hazardous and I assume to the risk of any and all bodily injury to myself, however caused, resulting from, arising out of, or in any way connected with my participation. In case of such injury to myself, I do hereby waive, release, absolve, indemnify, and agree to hold harmless the Town of Holly Ridge for any claims, demands, or courses of action arising out of or by reason of my activity as a Holly Ridge volunteer. I understand that the Town of Holly Ridge insurance covers me for property damage and injury to others incurred during or as a result of my volunteer activity.

Print Full Name: _____

Sign Full Name: _____ Date: _____

Return completed application to:
Town of Holly Ridge
Attn: Heather Reynolds, Town Clerk
PO BOX 145
Holly Ridge, NC 28445
Fax: 910-329-1593
Email: townclerk@hollyridgenc.org

Application may also be hand delivered to Town Hall – 212 N. Dyson Street, Holly Ridge, NC 28445

For more information, contact Heather Reynolds at townclerk@hollyridgenc.org or 910-329-7081.

AUTHORITY FOR RELEASE OF INFORMATION

I authorize the North Carolina Department of Public Safety through the State Bureau of Investigation to perform a North Carolina name-based criminal history record information check in connection with my application for employment, my employment or volunteer services with HOLLY RIDGE POLICE DEPARTMENT pursuant to NC ORDINANCES - STATE ONLY.

(Type or print clearly)

Last Name First Middle Maiden

Social Security Number Date of Birth Sex Race
(Optional*)

I understand that the North Carolina State Bureau of Investigation and its officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the agency cannot provide a HARD COPY of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's Signature

Date

This form must be maintained on file with the above named agency for one year. DO NOT MAIL THIS FORM OR A COPY OF THIS FORM TO THE STATE BUREAU OF INVESTIGATION.

ORI # NC0670200 - HOLLY RIDGE POLICE DEPARTMENT

Check which purpose code ran for above applicant-

- | | | |
|--|--|--|
| <input type="checkbox"/> E04 - Canvasser | <input type="checkbox"/> E37 - Fire Department | <input type="checkbox"/> E56 - City Employment |
| <input type="checkbox"/> E06 - Taxi License | <input type="checkbox"/> E45 - Massage Parlor | <input type="checkbox"/> E69 - Volunteers |
| <input type="checkbox"/> E07 - Pawnbroker | <input type="checkbox"/> E46 - Solicitor/Peddler | |
| <input type="checkbox"/> E08 - Precious Metals Business | <input type="checkbox"/> E47 - Ice Cream Vendor | |
| <input type="checkbox"/> E22 - Adult Establishments | <input type="checkbox"/> E48 - Wrecker Drivers Permit | |
| <input type="checkbox"/> E26 - Parks and Recreation Volunteers | <input type="checkbox"/> E50 - Game Rooms (Pool Halls) | |