



**Dare County Friends of Youth**  
**VOLUNTEER APPLICATION**

Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
(First) (Middle) (Last)

Primary Phone: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

How long have you lived in Dare County? \_\_\_\_\_ In North Carolina? \_\_\_\_\_

Employer: \_\_\_\_\_ Your Position: \_\_\_\_\_

Languages Spoken: \_\_\_\_\_

Date of Birth \_\_\_\_\_ NCDL# \_\_\_\_\_ Exp. Date \_\_\_\_\_

Family Status:  Single  Married  Widowed  Divorced  Separated

Spouse's Full Name: \_\_\_\_\_

Names and ages of children in your home: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

EDUCATION: (Indicate schools, majors, degrees): \_\_\_\_\_

Why are you interested in volunteering for the Friends of Youth program? \_\_\_\_\_

Please list any experience you have, working with young people (i.e. church, scouts, etc.). Include dates.

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List any other volunteer experience \_\_\_\_\_

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What are your hobbies, skills, special talents, interests? \_\_\_\_\_

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

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Do you use any illegal drugs? \_\_\_\_\_

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

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Have you ever been in treatment (i.e. for sexual abuse, alcohol, drugs, emotional problems, etc.)? If yes, when and what were the results? \_\_\_\_\_

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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, please state dates: \_\_\_\_\_

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How did you hear about the Friends of Youth program? \_\_\_\_\_

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Please list **four** references (not relatives) who have known you for at least one year. These **do not** need to be work related.  
(If you have lived in Dare County for more than one year, please use local references when possible.)

**PLEASE INCLUDE COMPLETE MAILING ADDRESSES.**

1. **Name** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Complete Mailing Address** \_\_\_\_\_

City State Zip Code

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

2. **Name** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Complete Mailing Address** \_\_\_\_\_

City State Zip Code

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

3. **Name** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Complete Mailing Address** \_\_\_\_\_

City State Zip Code

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

4. **Name** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

**Complete Mailing Address** \_\_\_\_\_

City State Zip Code

Home Phone: ( ) \_\_\_\_\_ Cell 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 Dare County Friends of Youth volunteer mentor.

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 Friends of Youth volunteer mentor.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail completed form to:**

**Dare County Friends of Youth / P.O. Box 1000 / Manteo, NC 27954**