

Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Cell Phone	
Home Phone	
E-Mail Address	
Social Security Number	

Availability

During which hours are you available for volunteer assignments?

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration
<input type="checkbox"/> Beach Ambassador
<input type="checkbox"/> Events
<input type="checkbox"/> Fire Department (Previous Experience Recommended)
<input type="checkbox"/> Police Department (Must Have Previous Recommended)
<input type="checkbox"/> Traffic Control

Brief explanation of why you are interested in volunteering for the Town of Oak Island

Previous Work History

Summarize past work history.

Previous Volunteer Experience

Summarize your previous volunteer experience.

Previous Police/Fire Experience

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Please feel free to submit your resume along with this application to:

Rose Braam

Administrative Support Specialist

rbraam@ci.oak-island.nc.us

Thank you for your interest in volunteering with us.