



HOW DID YOU HEAR ABOUT US?

VOLUNTEER POSITION(S) YOU ARE APPLYING FOR?

Medical conditions we should be aware of (allergies to bee stings):

REFERENCES

(PLEASE PROVIDE AT LEAST ONE PERSONAL REFERENCE AND TWO PROFESSIONAL REFERENCES)

NAME:

YEARS KNOWN:

RELATION:

PHONE NUMBERS:

NAME:

YEARS KNOWN:

RELATION:

PHONE NUMBERS:

NAME:

YEARS KNOWN:

RELATION:

PHONE NUMBERS:



EMERGENCY CONTACT INFORMATION	
NAME:	RELATIONSHIP:
PHONE NUMBER:	
NAME:	RELATIONSHIP:
PHONE NUMBER:	

NOTIFICATION AND AGREEMENT

Please read before signing:

I certify that all answers given by me are true, accurate and complete, I understand that the falsification, misrepresentation or omission or fact on this application (or any other accompanying or required documents) will be cause for denial of volunteer opportunities, or dismissal from volunteer work regardless of when or how discovered.

I agree to conform to Town of Indian Trails rules and procedures to the best of my ability and agree to respect the confidential nature of information I may obtain as a volunteer for the Town of Indian Trail. I understand that a criminal records check may be conducted if it is required by my volunteer placement and that references will be contacted. I also understand that Town of Indian Trail reserves the right to discontinue the services of any volunteer at any time.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Applicant Signature: _____

Date: _____

Please send completed applications to:

Carey Warner

HR Manager

PO Box 2430

Indian Trail, NC 28079

Applications may also be faxed to 704-821-6178 or emailed to cwarner@admin.indiantrail.org