

## North Carolina Veterans Assistance Council Volunteer Application

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First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip. \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Personal Information (please check correct response):**

Gender:        Male                Female

**Physical Limitations:**    No    Yes (Please Explain)

\_\_\_\_\_

\_\_\_\_\_

**Education (highest level completed)**

Grades 1-5    6-9    11-12    College    Business    Graduate School Technical/Vocational

**Occupation** \_\_\_\_\_ **Employer** \_\_\_\_\_

**List previous volunteer experience:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Skills (List your skills and indicate proficiency level)**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Languages**        Fluent        Read        Write

1. \_\_\_\_\_
2. \_\_\_\_\_

**Volunteer availability: (Check all applicable)**

Monday        Tuesday        Wednesday        Thursday        Friday        No Preference

**Availability: (Check all applicable)**

Morning        Afternoon        Evening        Night

**Transportation: (How you will get to your assignment)**

Public Trans.    Walk    Bus    Taxi    Car

**In an emergency, notify:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

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(Signature/Volunteer) \_\_\_\_\_ (Date) \_\_\_\_\_

An interview may be required before beginning work with the organization.

Please complete form and email to [info@ncvacouncil.com](mailto:info@ncvacouncil.com) or mail to

North Carolina Veterans Assistance Council  
P.O. Box 628  
Fayetteville, NC 28302