



**VOLUNTEER APPLICATION  
HORRY COUNTY**

AN EQUAL OPPORTUNITY EMPLOYER

Date: \_\_\_\_\_

Volunteer Position applying for: \_\_\_\_\_ Department: \_\_\_\_\_  
 Volunteer Position applying for: \_\_\_\_\_ Department: \_\_\_\_\_  
 Volunteer Position applying for: \_\_\_\_\_ Department: \_\_\_\_\_  
 Volunteer Position applying for: \_\_\_\_\_ Department: \_\_\_\_\_

**PERSONAL INFORMATION**

Name ? Mr. \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 ? Ms. First Middle Last

Present Address \_\_\_\_\_  
 Street City State Zip Code  
 Phone number (Residence) \_\_\_\_\_ (Business) \_\_\_\_\_ (Emergency) \_\_\_\_\_

Are you a current Horry County employee or ? Yes  
 Have you worked for Horry County in the past? ? No If so, when \_\_\_\_\_ What department \_\_\_\_\_

Your name when employed \_\_\_\_\_ Please list any relatives  
 (if different from present) employed by Horry County \_\_\_\_\_

Do you have a valid ? Yes License I.D. Number \_\_\_\_\_  
 driver's license? ? No Expiration date \_\_\_\_\_  
 Issuing state \_\_\_\_\_

Have you been convicted of a: felony ? Yes misdemeanor ? Yes major traffic infraction (moving violation)? ? Yes  
 ? No ? No ? No  
 If yes, please explain and give dates \_\_\_\_\_

**EDUCATION HISTORY**

NAME AND ADDRESS	Dates Attended		Semester, Quarter, or Clock Hours	Mo./Yr. Of Degree or Certificate	Type of Degree (B.S., etc.) or Certificate	Major and Minor Fields of Study
	From Mo./Yr.	To Mo./Yr.				
College						
Graduate Work						
Other (i.e., business, secretarial, vocational, military, etc.)						

Please list professional memberships, certificates, licenses, honors, fellowships, etc. \_\_\_\_\_

**REFERENCES**

Please list at least two persons, other than relatives or former employers, who know your qualifications or who know your character.

Name \_\_\_\_\_ Name \_\_\_\_\_  
 Address \_\_\_\_\_ Address \_\_\_\_\_  
 City, State, and Zip Code \_\_\_\_\_ City, State, and Zip Code \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_

Specific (if advertised on vacancy list) \_\_\_\_\_ **General Position(s) Applied For:**  
 Title: \_\_\_\_\_ (list areas of interest from list below)  
 Department: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Department: \_\_\_\_\_

**WORK EXPERIENCE:** (Use additional sheet if necessary.)

Agency	Title	Duties	Length of Service
_____	_____	_____	_____
_____	_____	_____	_____

Please describe any specific skills/interests/talents/hobbies you possess  
 \_\_\_\_\_  
 \_\_\_\_\_

Hours and days available

Hours Available	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning							
Afternoon							
Evening							

How did you hear about our Volunteer Program, and why would you like to be involved in this effort:  
 \_\_\_\_\_  
 \_\_\_\_\_

**AREA OF INTEREST:** (Check the appropriate skills)

- |                                     |  |
|-------------------------------------|--|
| _____ Arts and Crafts               | _____ Painting   |
| _____ Carpentry                     | _____ Photography  |
| _____ Child Care                    | _____ Planning   |
| _____ Clerical                      | _____ Research   |
| _____ Communication/public Speaking | _____ Special Programs - Sharing Experiences, Talents, Hobbies |
| _____ Counseling                    | _____ Sports/Recreation  |
| _____ Drafting                      | _____ Library Assistance                                       |
| _____ Education - Training Clients  | _____ Teaching/Tutoring  |
| _____ Engineering                   | _____ Technical Writer   |
| _____ Environmental/Conservation    | _____ Tour Guides  |
| _____ Health Care                   | _____ Transporting   |
| _____ Officiating Games             | _____ Other (Please describe.)                                 |
| _____ Mechanics                     |  |

**HORRY COUNTY GOVERNMENT REQUIRES A PRE-VOLUNTEER PHYSICAL, INCLUDING A DRUG TEST.  
 HORRY COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, RELIGION, GENDER, NATIONAL  
 ORIGIN, AGE, OR DISABILITY.**

I affirm, agree, and/or understand that all statements on this form are true and accurate, and any misrepresentation or omission of facts may result in my disqualification for consideration for offering volunteer services or release of providing services should I already be acting as a volunteer.

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