

**Family Support Network of Central Carolina  
Volunteer Application Form**

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

DOB: \_\_\_\_\_

**Please print**

**Legal Name (do not use nickname)**

First Name: \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone (please include area code): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Have you ever been convicted or pled “guilty” or “no contest” to a crime or misdemeanor?

\_\_\_\_ **yes** \_\_\_\_ **no**

If you answered “yes” please give dates and details: \_\_\_\_\_

\_\_\_\_\_

**Volunteer Activity:** Please mark the activity or activities that you are volunteering for.

\_\_\_\_ Support Parent

\_\_\_\_ Sibshops

\_\_\_\_ Holiday Jamboree

\_\_\_\_ Picnic

\_\_\_\_ Parents of Premies Day

\_\_\_\_ General

If you checked General, please specify \_\_\_\_\_

**Please tell us about any skills you have that may be of interest:**

\_\_\_\_\_

Please provide us with one reference:

Name/phone \_\_\_\_\_

**Signature:** \_\_\_\_\_

Date Background Check completed: \_\_\_\_\_

**RETURN TO FSN-CC, 801 GREEN VALLEY ROAD, GSO 27408**