



**Volunteer Application**  
**North Carolina School for the Deaf**  
**517 West Fleming Drive**  
**Morganton, NC 28655**  
**Phone 828-432-5229 v/TTY - Fax 828-433-4044**

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

Please print

* Last Name		* First Name		* Full Middle/Maiden Name		AKA or Nick Name	
* Are you over age 18?	Email Address:			Other Contact Information: (Text, VP, TTY)			
* Current Mailing Address (include physical address)			* City:		* State:	* Zip Code:	* County:
* Home Phone #:	Work Phone #:	Other Phone #:	* DL#: State Issued		* Date of Birth:		
* Previous Mailing Address and Length of Time at Previous Address:			* City:	* State:	* Zip Code:	* County	

\*required

**Emergency Contact Information:**

Person to be contacted in case of emergency or illness: \_\_\_\_\_  
 Relationship \_\_\_\_\_  
 Telephone Numbers: Work \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Education** (Formal/Informal) Circle appropriate level  
 1 2 3 4 5 6 7 8 9 10 11 12      GED      College 1 2 3 4      Graduate School

**Employment**

Current Occupation \_\_\_\_\_ Current Employer \_\_\_\_\_  
 Special training, certifications or licenses (CPR, Life guard, etc.) \_\_\_\_\_

**What do you hope to gain by volunteering at NCSD?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Volunteer Experiences**

**Briefly describe other volunteer experiences:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

**In what area are you interested in volunteering in:** \_\_\_\_\_

**Do you have any special skills or hobbies that you could share with our students or staff?** \_\_\_\_\_

**What are your interests?** \_\_\_\_\_

**Do you know sign language?** \_\_\_\_\_

**Are you willing to learn sign language? (Circle one)    Y    N**

**Have you ever worked with blind, deaf or hard of hearing people before?** \_\_\_\_\_

**If you have a disability requiring special accommodations, please state your needs so that we can best accommodate those needs.**

**How would you prefer to volunteer?**      Full time \_\_\_    Part time \_\_\_    one-time/special event \_\_\_

**What time of day are you available?** (Enter the time of day you are available to volunteer each day)

Sunday \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**References**

Please provide three references that are in no way related to you:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

For the safety and security of NCSd, its staff, and those NCSd serve, Volunteer Services at NCSd performs criminal record checks and/or accesses other appropriate screening resources on all direct care volunteers and potential volunteers.

Once an application is received, complete identification information will be collected in order to conduct criminal records.

My signature below acknowledges that all information contained in this application is correct, and assents to the described screening process.

Non-Conflict of interest statement: I certify that I have no conflict of interest with North Carolina School for the Deaf (NCSd), whether personal, philosophical or financial. I also certify that I am not involved in a grievance or lawsuit with NCSd at this time.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_

Please return original application to:

North Carolina School for the Deaf  
Volunteer Services  
517 W. Fleming Drive  
Morganton, NC 28655  
Phone: 828-432-5229 Fax: 828-433-4404

*Thank you for your interest in volunteering at North Carolina School for the Deaf*