



**HORRY COUNTY VOLUNTEER APPLICATION**

**ALL VOLUNTEERS APPLICATIONS MUST BE FORWARDED FOR PROCESSING TO:  
HORRY COUNTY HUMAN RESOURCES  
1301 2ND AVENUE, CONWAY, SC 29526**

**QUESTIONS: CALL HUMAN RESOURCES AT 843-915-5230  
Email [humanresources@horrycounty.org](mailto:humanresources@horrycounty.org)**

**VOLUNTEER POSITION APPLIED FOR:** \_\_\_\_\_

**DEPARTMENT** \_\_\_\_\_

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS \_\_\_\_\_  
STREET CITY OR TOWN

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER(S) HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMERGENCY CONTACT NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

ARE YOU A CURRENT HORRY COUNTY EMPLOYEE? YES \_\_\_ NO \_\_\_

IF YES: EMPLOYEE NUMBER \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

IF YOU WORKED OR VOLUNTEERED FOR HORRY COUNTY IN THE PAST, PLEASE INDICATE WHETHER YOU WERE AN EMPLOYEE OR VOLUNTEER, THE DEPARTMENT AND POSITION.

EMPLOYEE OR VOLUNTEER (CIRCLE ONE)

DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_ NO \_\_\_

IF YES, PLEASE EXPLAIN DATES AND CIRCUMSTANCES:

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



**EDUCATION HISTORY**

HAVE YOU GRADUATED FROM HIGH SCHOOL OR OBTAINED A G.E.D.? YES \_\_\_\_\_ NO \_\_\_\_\_  
HIGH SCHOOL \_\_\_\_\_

HAVE YOU ATTENDED ANY POST HIGH SCHOOL EDUCATION?  
NAME OF COLLEGE OR INSTITUTE \_\_\_\_\_  
DATES ATTENDED \_\_\_\_\_  
DEGREE OBTAINED \_\_\_\_\_

DO YOU HAVE ANY POST GRADUATE EDUCATION?  
NAME OF COLLEGE OR INSTITUTE \_\_\_\_\_  
DATES ATTENDED \_\_\_\_\_  
DEGREE OBTAIN \_\_\_\_\_

**WORK EXPERIENCE**

NAME OF ORGANIZATION \_\_\_\_\_ JOB TITLE \_\_\_\_\_  
LENGTH OF SERVICE \_\_\_\_\_

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LENGTH OF SERVICE \_\_\_\_\_

**HOURS AND DAYS AVAILABLE FOR VOLUNTEER POSITION:**

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

\*PLEASE NOTE THAT HORRY COUNTY GOVERNMENT MAY REQUIRE A BACKGROUND CHECK AND/OR DRUG TEST TO QUALIFY AS A VOLUNTEER, DEPENDENT UPON THE POSITION AND DEPARTMENT.

\*HORRY COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, GENDER, NATIONAL ORIGIN, AGE OR DISABILITY.

**\*ANY VOLUNTEER WHO IS A MINOR AT THE TIME OF SIGNING THIS APPLICATION MUST SUBMIT A PARENTAL CONSENT FORM IN ORDER TO PARTICIPATE IN THE VOLUNTEER PROGRAM.**

I ACKNOWLEDGE THAT ALL STATEMENTS ON THIS FORM ARE TRUE AND ACCURATE, AND UNDERSTAND THAT ANY MISREPRESENTATIONS OR OMISSION OF FACTS MAY RESULT IN MY DISQUALIFICATION TO PROVIDE VOLUNTEER SERVICES FOR HORRY COUNTY GOVERNMENT.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_