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

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________________________