



NORTH CAROLINA WILDLIFE RESOURCES COMMISSION
Wildlife Education Division



VOLUNTEER APPLICATION

RETURN FORMS TO:

Tom Carpenter
 John E. Pechmann Fishing Education Center
 7489 Raeford Road
 Fayetteville, NC 28304
 Fax: 910-868-2658
 Phone: 910-868-5003

Application date:				
Personal Information (Please Print)				
1. Name (Last, First, Middle)	2. Date of Birth	3. Home Phone	4. Cell Phone	
5. Email Address				
6. Street Address (Apt. # if any)			7. City, State, and Zip Code	
8. Have you ever been convicted for a violation of any Federal, State, or Local law? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please provide an explanation at the end of this form. This does not include minor traffic violations with fines less than \$100.00)				
9. How did you hear about our Volunteer program?				
10. a) Have you volunteered before? <input type="checkbox"/> Yes <input type="checkbox"/> No b) If yes, please briefly describe your volunteer experience.				
10. Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran <input type="checkbox"/> Not Applicable	11. Highest education level <input type="checkbox"/> High School <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> PHD		12. Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, more information may be needed)	
13. Emergency Contact Info				
Name	Address	City, State, & Zip	Phone Number	
			Cell Phone	
Relationship to volunteer:				
14. Please, specify any medical requirements, allergies, or physical limitation that may affect your volunteer work				
15. Which volunteer work categories are you most interested in? <input type="checkbox"/> Grounds Maintenance <input type="checkbox"/> Scouting Events <input type="checkbox"/> Kayak Fishing <input type="checkbox"/> Bass Fishing <input type="checkbox"/> Lure Making <input type="checkbox"/> Fly-tying <input type="checkbox"/> Fly-fishing <input type="checkbox"/> Rod Building <input type="checkbox"/> Surf Fishing <input type="checkbox"/> Crappie Fishing <input type="checkbox"/> Boating Safety <input type="checkbox"/> Fish for Fun Events <input type="checkbox"/> High School Fishing Program <input type="checkbox"/> Social Media Marketing <input type="checkbox"/> Entomology				
16. What qualifications/skills/experience/education do you have that you would like to use in your volunteer work? <input type="checkbox"/> Fly-fishing <input type="checkbox"/> Fly-tying <input type="checkbox"/> Tournament Angler <input type="checkbox"/> Fishing Guide <input type="checkbox"/> Kayak/boating operation <input type="checkbox"/> First Aid Training Certificate <input type="checkbox"/> Rod building <input type="checkbox"/> Lure making <input type="checkbox"/> Photography <input type="checkbox"/> Writing/editing <input type="checkbox"/> Public Speaking <input type="checkbox"/> Youth counseling <input type="checkbox"/> Educational				



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Technology PowerPoint Social Media Equipment maintenance Grounds Maintenance Basic Fishing Saltwater fishing

Availability

Which months would you be available to volunteer?

January February March April May June July August September October November December

Which days are you available to volunteer?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What hours would you be available to volunteer?

Morning Afternoon Evenings

How many hours per would you be available for volunteer work? _____

Please sign below when you have read and understand all statements.

I certify that the statements made in this Volunteer Application are true, correct, and given voluntarily. In addition, I understand that this information may be disclosed to any party with legal and proper interest.

I understand that the Wildlife Resources Commission reserves the right to screen volunteers through background checks and will not accept as a volunteer anyone who would jeopardize any aspect of service or the safety of Commission visitors and staff.

I understand that if I am unable to show up for a scheduled time for any reason, I am to notify my program supervisor or the Center Director as soon as possible.

I understand that if I miss my scheduled date and time of service without prior notification, my volunteer opportunity may be terminated by the affected program supervisor.

I understand that I will not be paid nor given special rights for my services as a volunteer, and I am giving my time freely.

I will also not abuse any information, materials, or equipment I may use or obtain while volunteering.

Applicant Signature: _____

Date: _____

Parents/Guardian's Signature: _____

Date: _____

(If applicant is under 18)

Additional information and Comments:
