



# Room At The Inn Of The Carolinas, Inc.

- Room at the Inn of the Triad - Maternity Home
- The Nurturing Center of Greensboro
- Room at the Inn of the Lowcountry - Maternity Home

## VOLUNTEER APPLICATION

Please print. Entire application must be completed.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_ M \_\_\_ F Email: \_\_\_\_\_

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

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Foreign Languages: \_\_\_\_\_ Fluent? \_\_\_ Yes \_\_\_ No

Highest Level of Education: \_\_\_\_\_ Major: \_\_\_\_\_

School Name (If currently attending): \_\_\_\_\_

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

I would like to Volunteer: \_\_\_ In the Office \_\_\_ Fix & Maintain the Computers \_\_\_ Cook Meals

In-House Maintenance: \_\_\_ I can help with \_\_\_\_\_

\_\_\_ Mentor: We try to match clients with church mentors from their own religious background . What faith community do you belong to? \_\_\_\_\_

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

**Room At The Inn  
of the Carolinas, Inc.  
Corporate Office  
P. O. Box 484  
Colfax, NC 27235  
336-996-3788 Phone  
336-996-7567 Fax**

**Room At The Inn  
of the Triad  
Nussbaum Maternity Home  
734 Park Avenue  
Greensboro, NC 27405  
336-275-9566 Phone  
336-275-9522 Fax**

**The Nurturing Center of  
Greensboro  
900 16th Street  
Greensboro, NC 27405  
336-235-2479 Phone  
336-285-5732 Fax**

**Room At The Inn  
of the LowCountry  
McGivney Maternity Home  
P. O. Box 2486  
Bluffton, SC 29910  
843-706-3773 Phone  
843-706-3572 Fax**

**Prior Employer:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

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

\_\_\_\_\_

Work Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References:**

Please list 4 references who have known you for at least 5 years and **who are not related to you.**

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ # years known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ # years known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ # years known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ # years known: \_\_\_\_\_

**Service to Other Committees/Community Involvement:** (please include office held)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Special Skills:** \_\_\_\_\_

\_\_\_\_\_

**Hobbies:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **CERTIFICATION AND AUTHORIZATION**

Please initial each item and sign below

- The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge.
  
- I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge.
  
- I also understand that I am to abide by all rules and regulations of the agency.
  
- The agency has my authorization to thoroughly investigate my work and personal history.
  
- I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts,), Criminal History, Medical and Professional Licensing, Motor Vehicle Records, Residence History, and References, will be utilized as part of the processing procedures.
  
- A background check may be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living; understanding that this information will be held confidential by the agency.
  
- I will hold no person liable for giving or receiving information in this investigation.
  
- A copy of this form is as valid as the original.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Maiden Name—If applicable)