



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 or Email humanresources@horrycountysc.gov

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 _____

EMAIL ADDRESS _____

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 _____

EDUCATION HISTORY

HAVE YOU GRADUATED FROM HIGH SCHOOL OR OBTAINED A G.E.D.?
HIGH SCHOOL _____ DATE GRADUATED _____

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 _____

NAME OF ORGANIZATION _____
JOB TITLE _____
LENGTH OF SERVICE _____

NAME OF ORGANIZATION _____
JOB TITLE _____
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** _____