



# Orangeburg Department of Public Safety

Bus. # (803) 531-4654 Fax # (803) 533-5926

1320 Middleton Street – Orangeburg, SC 29115-3103

**Wendell Davis, Director**



## Application for Volunteer Services

Please Print Clearly in Ink

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

If you have worked under another name, please indicate

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Do you possess a valid South Carolina Driver's License? \_\_\_\_\_

Driver's License#: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Do you possess a driver's license issued by another state? \_\_\_\_\_

If yes, give State and License#: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Name of Spouse: \_\_\_\_\_

Children Name / Age: \_\_\_\_\_

\_\_\_\_\_

In case of an emergency, contact information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone#: ( ) \_\_\_\_\_ Evening Phone#: \_\_\_\_\_

## CRIMINAL RECORDS

Name: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Offense Charged: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ State: \_\_\_\_\_

Disposition: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

Have you ever been placed on probation? \_\_\_\_\_

If yes, give details: \_\_\_\_\_

Have you ever had any traffic violations? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever stolen anything? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Have you ever been court marshaled or subject of disciplinary action while a member of the armed forces? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Availability**

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings
- Weekday afternoons       Weekend afternoons
- Weekday evenings       Weekend evenings

**Interests**

Tell us in which areas you are interested in volunteering

- Mentoring
- Tutoring
- Events
- Fundraising
- Volunteer coordination
- Photography / Video
- Other (please explain)

**Education, Special Skills or Qualifications**

Summarize special skills and qualifications you have acquired from education, employment, previous volunteer work, or through other activities, including hobbies or sports.

**Previous Volunteer Experience**

Summarize your previous volunteer experience.

Do you have any allergies or physical conditions that may affect your volunteer work? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

What would you like to gain from this volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

**Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

**Thank you for completing this application form and for your interest in volunteering with us.**