



**Volunteer Application  
for Boards and Committees of  
Chatham County Partnership for Children**

If you are a Chatham County resident, at least 18 years old (OR enrolled in High School and completing community service), interested in children, and willing to volunteer your time and expertise to your community, please complete and return this application by mail to: Chatham County Partnership for Children, 200 Sanford Hwy. #4, Pittsboro, NC 27312; or by email to our Executive Director, [genevieve@chathamkids.org](mailto:genevieve@chathamkids.org).

Date: \_\_\_\_\_

**Personal Information**

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

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

Mailing Address (if different) : \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Are you currently or have you previously served on a board or committee in Chatham County?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If so, please list boards and committees on which you currently serve or have served.**

\_\_\_\_\_

\_\_\_\_\_

**Can you provide at least one personal or professional reference regarding your eligibility to serve as a volunteer for a non profit serving young children and families?**

Name: \_\_\_\_\_ phone or email: \_\_\_\_\_

**Are you interested in serving on the Partnership Board \_\_\_\_\_ or a Committee \_\_\_\_\_?**  
Please list in order of preference Committees on which you would be willing to serve (Finance, Development, Planning & Evaluation, Nominating), or a specific program advisory committee (Ready Schools, Focus on Child Care, Shape NC).

1. \_\_\_\_\_

2. \_\_\_\_\_

Why do you want to serve the Partnership in this capacity? If additional space is needed, please attach a separate sheet.

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**Education**

Please list your educational background. Include names of all schools attended and degrees received.

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**Employment**

Name of Employer: \_\_\_\_\_

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

Description of job duties: \_\_\_\_\_

**Civic Involvement**

Please list the names of all civic organizations in which you currently hold membership.

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**Other Comments**

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**Optional Data Section**

We ask your help in assuring diversity of membership by age, gender, and race by answering the following questions. You may leave this section blank if you desire.

**Gender:** Male \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Female \_\_\_\_\_

**Ethnic Background:** African American \_\_\_\_\_ Hispanic \_\_\_\_\_  
Caucasian \_\_\_\_\_ Native American \_\_\_\_\_  
Other \_\_\_\_\_

How did you become aware of Partnership volunteer opportunities?

\_\_\_\_ Newspaper \_\_\_\_\_ Volunteer Fair at \_\_\_\_\_.

\_\_\_\_ Partnership Board member or staff

Other (please specify) \_\_\_\_\_