

Date: _____

Chatham County Partnership for Children Event Volunteer Application

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, P.O. Box 637, Pittsboro, NC 27312

* Required to answer

1. Email Address: *

2. Name *

3. Home Address: *

4. Mailing Address*
(if different):

5. Home Phone *
Number:

6. Business Phone*
Number:

Provide at least one personal or professional reference regarding your eligibility to be a volunteer for a nonprofit serving young children and families.

7. Reference Name: *

8. Reference Phone Number or Email: *

9. Why do you want to volunteer with the Partnership? *

10. Please include a short bio (this could be a list of your educational background; your interest in Early Childhood Education; etc.) *

11. Are there any civic organizations in which you currently hold membership?

12. How did you become aware of Partnership volunteer opportunities?*

- Social Media
- Volunteer Fair
- Partnership
- Board
- Partnership
- Staff

Other: _____

13. What are some events you are interested in joining us? *

- Day of the Books
- Touch a Truck
- Pittsboro Street Fair
- Anything and everything

Other: _____

Optional Data Section

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

Gender: Male Female Gender Non-Binary Prefer not to say

Date of birth: _____

Race/Ethnicity (check all that apply): ___ African American ___ Caucasian

___ Asian ___ Latino/a ___ Native American ___ Other ___ Prefer not to say

How did you become aware of Partnership volunteer opportunities (newspaper, volunteer fair, Partnership board member or staff, other)?
