

Onslow County Solid Waste
415 Meadowview Rd, Jacksonville, NC 28540
(910) 937-1449

Volunteer Application Form- Onslow County Solid Waste

Volunteer Information

Name: _____ Phone: (____) _____ - _____
Address: _____ City: _____ Zip: _____
Email: _____

Emergency Contact

Name: _____ Phone: (____) _____ - _____
Address: _____ City: _____ Zip: _____
Email: _____

What days/hours would you be available to volunteer? *(please circle all that apply)*

Days Preferred:

Hours Preferred:

Monday Thursday

7 am – 10 am

1 pm – 3 pm

Tuesday Friday

10 am – 1 pm

3 pm – 5:30 pm

Wednesday Saturday

Other: _____

Why are you interested in volunteering? _____

Please list any volunteer or work experience (i.e. church, scouts, community, jobs):

Have you ever been convicted of an offense against the law other than a minor traffic violation? *Conviction does not necessarily disqualify candidates from volunteer consideration. The offense and how recently you were convicted will be evaluated in relation to the volunteer position/need for which you are applying.*

Please circle: YES NO

If yes, list date, place, offense and fine/sentence for each instance:

Do you have any pending charges in either civil or criminal court? *Having pending charges does not necessarily disqualify candidates from volunteer consideration.*

Please circle: YES NO

Do you have a valid driver's license? *Please note some volunteer duties may require you to use your personal vehicle for transportation.*

Please circle: YES NO

License Number: _____ State: _____ Class: _____ Expiration: _____

Certification

I certify that all information on this application is true. I understand that any false statements or withheld information on my part will be reason to disqualify me from serving as a volunteer. I give my permission to Onslow County Government or Designee of this program to contact the references I have listed. I also authorize Human Resources or Designee to inquire about my qualifications from other people or organizations deemed appropriate.

Volunteer

Name _____ Signature _____ Date _____

Please send this completed application to:

Hollie Lewis | Recycling and Community Coordinator

Mail: 415 Meadowview Rd, Jacksonville, NC 28540 Email: hollie_lewis@onslowcountync.gov

Fax: (910) 455-6339

Onslow County Solid Waste Staff Only

Name _____ Signature _____ Date _____
Application Received _____ Date Approved _____