



140-C Cinema Drive
Wilmington, NC 28403
910-815-6618 (p)
910.815.6658 (f)
www.drcwilmington.org

Volunteer Application

Name: _____ Todays Date: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Volunteer Interest Area (Please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Answer Phones/Clerical | <input type="checkbox"/> Data Entry/Computer |
| <input type="checkbox"/> Work Special Events / Marketing | <input type="checkbox"/> Peer Mentoring |

Please list any special skills or training you have:

Availability: Mornings: _____

Afternoons: _____

Evenings: _____

Emergency Contact Information

Name: _____ Phone Number: _____

Please initial one of the two following statements regarding your disability (if applicable):

_____ To remain confidential, for board record and grant reporting requirements only.

_____ May be disclosed to participants, media, public as appropriate to further the mission of dRC.

Volunteer Signature: _____