



Volunteer Application

Date: _____

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Are you 18 years of age or older? YES NO

Have you ever been convicted of a felony? YES NO If yes, explain: _____

Are you a member of the Friends of Thomas Wolfe? YES NO

Please list an emergency contact. _____

Full Name: _____ Phone: _____

Relationship: _____

Education

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

References

Please list two references. _____

Full Name: _____ Phone: _____

Full Name: _____ Phone: _____

Previous Employment

Company: _____ Phone: _____

City/State: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

Company: _____ Phone: _____

City/State: _____ Supervisor: _____

Job Title: _____ Responsibilities: _____

Availability

Tuesday:

Morning Afternoon

Wednesday:

Morning Afternoon

Thursday:

Morning Afternoon

Friday:

Morning Afternoon

Saturday:

Morning Afternoon

Other:

Areas of Interest

Please indicate your areas of interest.

- Historic Interpretation
- Working with School Groups
- Research/Collections
- Other: _____

Previous Volunteer Experience

Please provide any information regarding previous volunteer experience (including location, dates, responsibilities, contacts, etc.):

Questions

How did you hear about the Volunteer Program?

Why would you like to volunteer for the Thomas Wolfe Memorial?

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

When you've completed this form, please mail it to 52 N. Market St., Asheville, NC 28801 or email it to Kayla Pressley Seay at kayla.seay@ncdcr.gov. If you have questions, you can call 828-253-8304.