

NC SECOND CHANCE COMMUNITY DEVELOPMENT VOLUNTEER APPLICATION

Personal Information

First Name _____

Last Name _____

Region of Residence _____

Email Address _____

Date of Birth _____

Phone (Include country code if outside the U.S.)

Zoom contact _____

Citizenship/Passport-Issuing Country

Which of the following volunteer opportunities are you interested in?

Please choose the most suitable option based only on your availability and professional profile.

- Internship with Programs team
- Project-based service for skilled professionals
- Educators
- Health professionals
- Social Media Director
- Mentorship and Education
- Retiree professionals

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Key Information

Where would you like to volunteer?

I would like to volunteer from home/remotely

How long would you like to volunteer?

What is the earliest date you are available to volunteer?

Professional & Educational Background

If you are a student, please enter the profession you are studying for.

Level of Experience

Years of professional experience. Use only numbers to specify how many years.

Do you speak any languages other than English? Enter all languages you speak below.

Highest/Most Relevant Degree

Field of Study

University Name

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Your Interest in Volunteering

How did you hear about volunteer opportunities with NC Second Chance?

Why are you interested in volunteering with NC Second Chance?

What are the key strengths that you will bring to the role?

If you have previous teaching/training experience, please enter the topic areas you'd be comfortable training on.

Questions. Comments.

Please attach your resume with this form to the email (PDF format is preferred).

Acknowledgment

I acknowledge that the information provided here is true and I understand that if accepted for a role as a volunteer, NC Second Chance CDC will require letters of reference, conduct a background check and license check (if applicable). Please email your forms to ncsecondchancecdc@gmail.com.