

North Carolina State Capitol Volunteer Program
Application

General Information

Date: _____

Full Name: _____

Name preferred: _____

Address: _____

E-mail address: _____

Phone: _____

Birthday: _____

Are you interested in giving tours or becoming a special event volunteer? _____

Experience

Previous Volunteer Experience:

Hobbies and interests:

Availability

Days Available: _____

Time preference (morning, mid-day, afternoon) _____

What time(s) works best for you (ex: Saturday morning/Saturday 10am-2 pm, etc.)

Check one: I would like to volunteer

once a week []

once every other week []

Other [] please explain: _____