



HORRY COUNTY VOLUNTEER APPLICATION

ALL VOLUNTEER APPLICATIONS MUST BE FORWARDED FOR PROCESSING TO:
HORRY COUNTY HUMAN RESOURCES
1301 2ND AVENUE, CONWAY, SC 29526

QUESTIONS: CALL HUMAN RESOURCES AT 843-915-5230
Email powens@horrycounty.org or davisl@horrycounty.org

VOLUNTEER POSITION APPLIED FOR: _____
DEPARTMENT _____

PERSONAL INFORMATION

NAME _____
FIRST MIDDLE LAST

ADDRESS _____
STREET CITY OR TOWN

STATE _____ ZIP CODE _____

PHONE NUMBER(S) HOME _____ CELL _____

EMERGENCY CONTACT NAME _____
PHONE NUMBER _____

ARE YOU A CURRENT HORRY COUNTY EMPLOYEE? YES _____ NO _____
IF YES: EMPLOYEE NUMBER _____ DEPARTMENT _____

IF YOU WORKED OR VOLUNTEERED FOR HORRY COUNTY IN THE PAST, PLEASE INDICATE
WHETHER YOU WERE AN EMPLOYEE OR VOLUNTEER, THE DEPARTMENT AND POSITION.

EMPLOYEE OR VOLUNTEER (CIRCLE ONE)
DEPARTMENT _____ POSITION _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

IF YES, PLEASE EXPLAIN DATES AND CIRCUMSTANCES:

EDUCATION HISTORY

HAVE YOU GRADUATED FROM HIGH SCHOOL OR OBTAINED A G.E.D.?

HIGH SCHOOL _____ DATE GRADUATED _____

HAVE YOU ATTENDED ANY POST HIGH SCHOOL EDUCATION?

NAME OF COLLEGE OR INSTITUTE _____

DATES ATTENDED _____

DEGREE OBTAINED _____

DO YOU HAVE ANY POST GRADUATE EDUCATION?

NAME OF COLLEGE OR INSTITUTE _____

DATES ATTENDED _____

DEGREE OBTAINED _____

WORK EXPERIENCE

NAME OF ORGANIZATION _____ JOB

TITLE _____

LENGTH OF SERVICE _____

NAME OF ORGANIZATION _____ JOB

TITLE _____

LENGTH OF SERVICE _____

NAME OF ORGANIZATION _____ JOB

TITLE _____

LENGTH OF SERVICE _____

HOURS AND DAYS AVAILABLE FOR VOLUNTEER POSITION:

*PLEASE NOTE THAT HORRY COUNTY GOVERNMENT MAY REQUIRE A BACKGROUND CHECK AND/OR DRUG TEST TO QUALIFY AS A VOLUNTEER, DEPENDENT UPON THE POSITION AND DEPARTMENT.

*HORRY COUNTY DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, CREED, GENDER, NATIONAL ORIGIN, AGE OR DISABILITY.

***ANY VOLUNTEER WHO IS A MINOR AT THE TIME OF SIGNING THIS APPLICATION MUST SUBMIT A PARENTAL CONSENT FORM IN ORDER TO PARTICIPATE IN THE VOLUNTEER PROGRAM**

I ACKNOWLEDGE THAT ALL STATEMENTS ON THIS FORM ARE TRUE AND ACCURATE, AND UNDERSTAND THAT ANY MISREPRESENTATIONS OR OMISSION OF FACTS MAY RESULT IN MY DISQUALIFICATION TO PROVIDE VOLUNTEER SERVICES FOR HORRY COUNTY GOVERNMENT.

SIGNATURE _____ DATE _____

RELEASE AND AUTHORIZATION

I [Applicant] in connection with my application for to provide volunteer services to Horry [County Government , hereby authorize [Employer] ("County") and screeningONE, Inc. to perform a background screening check, and unless revoked by Applicant in writing). I understand and agree to the following:

1. A background check is being conducted for the benefit of the County and its employees, other volunteers and citizens. is the background check process is not intended to reflect negatively upon the request of the applicant to provide volunteer services, but is performed as a matter of due diligence. I have read, understand and signed the separate Disclosure concerning my rights.
2. All reports are confidential, and provided to County for decisions concerning volunteer services only. In the event that volunteer should later apply for employment with County, volunteer agrees and understands that the background check report conducted in connection with the volunteer application may be considered Consumer credit information including credit reports are obtained in strict compliance with the Fair Credit Reporting Act, the Americans with Disabilities Act (ADA), anti-discrimination and privacy laws and all other applicable federal and state laws.
3. I may review or obtain a copy of my report as provided by law. screeningONE may be contacted by writing to: screeningONE, Inc., 1860 N. Avenida Republica de Cuba, Tampa, FL 33605.
4. I authorize and release people, companies, references, current and former employers, schools, credit bureaus, municipal, county, state and federal agencies and courts, and agencies that provide motor vehicle records, to provide all information that is requested to County or screeningONE.
5. I further release all of the above, including County and screeningONE, to the full extent permitted by law, from any liability or claims arising from retrieving and reporting information concerning me.
6. I agree that a copy or fax of this document shall be as valid as the original.

Your signature _____ Date _____

COURTS AND OTHER ENTITIES REQUIRE THE FOLLOWING INFORMATION FOR IDENTIFICATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND IS USED FOR IDENTIFICATION ONLY. YEAR OF BIRTH ENSURES ACCURACY AND AVOIDS DELAY.

Last Name First Name Middle Name Social Security Number

DOB: ____/____/____

Former Names

Date of Name Change

Name on Drivers License

Driver's License or I.D. Number State of Issue

1 Date of birth month and day is mandatory, year is optional.

PLEASE PROVIDE ALL ADDRESSES WHERE YOU HAVE LIVED
FOR THE PAST SEVEN YEARS INCLUDING ZIP CODES

CURRENT:

FORMER:

FORMER:

FORMER:

FORMER:

FORMER:

FORMER:

May we contact your current employer? Yes No