

# Volunteer Application

City of Carrollton Housing Authority

1 Roop St.  
Carrollton, GA 30117  
P.O. Box 627  
770-834-2046  
Fax: 770-834-8708

Personal Information	
Name:	Date:
Social Security Number:	
Home Address:	
City, State, and Zip Code:	
Home Phone:	Business Phone:
Children: Yes _____ No _____ How many:	Age of Children:

Positions Applied For	
Adult Literacy _____ Afterschool Program _____ Elderly Program _____	Employed: ___ Part-time ___ Full-time ___
Date Available:	Employer:

Education	
High School (Name, City, State):	
Graduation Date:	
Business or Technical School:	
Dates Attended:	Degree: Major:
Undergraduate College	
Dates Attended:	Degree: Major:
Graduate School:	
Dates Attended:	Degree: Major:

References		
Name:	Address:	Phone:

List any volunteer activities; starting with the current ones: \_\_\_\_\_

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List any past employment training: \_\_\_\_\_

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How did you learn about the program? \_\_\_\_\_

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What have been the most and least satisfying aspects of your volunteer commitments?

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What strengths would you bring to the program? \_\_\_\_\_

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Why are you interested in becoming involved with the program? \_\_\_\_\_

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You will be contacted by phone for a telephone interview. What is the best number and time to contact to you? \_\_\_\_\_