



Housing Authority
of the City of Carrollton

P.O. Box 627
Carrollton, GA 30112
Office: 770-834-2046
Fax: 770-834-8708
carrolltonhousingauthority.com

(PLEASE PRINT)

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home phone: _() _____ Work phone: _() _____ Cell: _() _____

Have you been convicted of a felony within the past five years? _____ Yes _____ No

If yes, please explain: _____

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:

List any volunteer activities, starting with current ones:

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

List any past employment training:

List any hobbies or interests:

What skills, training, or knowledge do you wish to utilize here?



Housing Authority
of the City of Carrollton

P.O. Box 627
Carrollton, GA 30112
Office: 770-834-2046
Fax: 770-834-8708
carrolltonhousingauthority.com

Where did you hear about our Agency?

When are you available to volunteer?

If you have a disability, what accommodation would you need to do this volunteer position?

What training, resources or support do you anticipate needing to do this volunteer work?

Please provide 3 personal or professional references:

Name: phone number personal or professional relationship

1. _____
2. _____
3. _____

You may be required to submit a criminal background check. Are you willing to do this?

Yes _____ No _____

I hereby attest that the above information is true to the best of my knowledge.

Signature

Today's date

In case of emergency, please contact:

Name: _____

Phone (Work) - (____) _____ (Cell) - (____) _____

Medical information we should be aware of in an emergency (allergies, special medications, &/or conditions):

