



## Commitment

Are you able to commit to volunteering with Interact for at least one year following your completion of training?

Yes  No If NO, please explain \_\_\_\_\_

Please indicate the times you are available and prefer to do volunteer work:

Morning  Afternoon  Evening  Overnight  Weekend

## More About You

What skills/qualities/experience will you bring to Interact as a "Pass It On" Thrift Shop and Counseling Center volunteer?

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If you will be involved with Interact's "Pass It On" Thrift Shop and Counseling Center as part of you internship, practicum, or for other academic purposes, please list your requirements below (number of hours to be completed, length of placement, supervision requirements)

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Please list any other volunteer organizations or activities you have participated in and length of service.

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Do you speak another language?  Yes  No

If YES, what other languages do you speak and how fluent are you in each?

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How did you learn about Interact's "Pass It On" Thrift Shop and Counseling Center?

Media  United Way  Friend/Acquaintance  Other

If OTHER, please explain \_\_\_\_\_

Southern Wake Outreach Center/Pass It On 309 S. Main Street Fuquay-Varina, NC 27526  
919-557-8020

Have you ever used any of Interact's services?  Yes  No

If YES, which Interact service(s) have you used? (please mark all that apply)

Counseling  Support Groups  Shelter  Court Advocacy  SAFE Center

When were you involved with Interact's services? \_\_\_\_\_

Have you ever been charged or convicted of a crime?  Yes  No

If YES, please explain

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### Reference Consent

I do hereby authorize Interact to verify any representations made by me, whether oral or written, concerning my application for the position of volunteer/intern. Further, I hold harmless any individual or firm for any information they may provide. I understand that Interact may contact individuals or organizations other than those I have provided as references, or Interact may contact those organizations with information which may be pertinent to my application for this position.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## References

Please list three references below. Please list at least one professional reference from someone who has supervised you in some capacity. We prefer references from someone other than family. All references should be sent to 309 S. Main Street, Fuquay Varina, NC 27526

### Contact No.1

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Name	Relation to you		
Street Address	City	State	Zip
Home Phone	Work Phone	Email Address	

### Contact No.2

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Name	Relation to you		
Street Address	City	State	Zip
Home Phone	Work Phone	Email Address	

### Contact No.3

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Name	Relation to you		
Street Address	City	State	Zip
Home Phone	Work Phone	Email Address	

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