



STUDENT VOLUNTEER PROGRAM

INFORMATION SHEET AND AGREEMENT TO BE COMPLETED BY VOLUNTEER

Name:

Address:

City: State:

Home Phone: Cell Phone:

Email Address:

School:

Major: GPA:

What type of career exposure would you like to gain?

What location(s) are you interested in volunteering?

1st choice 2nd choice

How many hours are you willing to volunteer each week?

Are you related by blood or marriage to any person now working for NCDOT?

Yes No

If yes, give name, relationship to you and the office where employed.

I understand that I am applying to a volunteer program and although I may benefit both personally and professionally from this experience, I will not receive nor expect any compensation from NCDOT for my service as a student volunteer. I am willing to perform the volunteer service without promise, expectations, or receipt of wages and without any coercion or pressure from NCDOT.

Signature

Please attach a copy of your unofficial transcript