

North Carolina Community Partners Questionnaire Application (This application can be filled out by teleconference.)

circa 2021		Applic	carre iiii	Jilliati	511			
Legal Name								
	First Name (Name on social security card)		Middle	9	Last	Last		
Chosen								
Name:	First	Middle)	 Last	 Last			
Addroos								
Address:	Physical Address				 Ар	 Apartment/Unit #		
	City			 ate	County	ZIP Cod	 e	
Address 2:	·				·			
Addiess 2.	Physical Address				partment/Ui	 nit #		
	City		Stá	ate	County	ZIP Cod	e	
Cell Phone:	Text	optin: Ye	s∏ No		Line Phone:			
			rei		chat opt in: Yes No	_		
Are you a citizen of the United States? Yes			No□	Are yo	ou a resident of NC?	Yes□	No	
Do you have a dual citizenship?			No□	Are yo	ou over 16 years old?	Yes□	No	
Have you been convicted of a felony? Yes		Yes□	No□	Are yo	ou a member of NC State Bar?	Yes□	No□	
Did applicant verify legal residency of NC? Yes□			No□	How?				
				•				
Are you cur	rently a member or agent of the ı	military or a	any law e	nforcem	nent agency of the federal, state	e, county, c	ty or	
township?	Yes 🗌 No 🗌							
If yes, expla	ain:							
		ease State	Your Re	ason fo	r Joinina			
Please inclu	ude your areas of passion and ap							
			- 		·			
		Skills	s and Exp	perience	;			
Please list	any particular skills or experience	es that vou	ı wish to	brina to	the community. Please include	resume, a	nd/or	
	parate document if possible.	,		3	,	, , , , , , , , , , , , , , , , , , , ,		
Related ex	perience:							

Interview									
Are you willing to have a telephone or Zoom interview?	☐ Yes	□ No							
If yes, please list best days/times to reach you including time zone:									
Please provide a personal reference and phone number:									
Military Service									
Are you currently an agent of military or reserves?	☐ Yes	☐ No							
Branch:		From:	To:						
Dia	oloimor								
Disclaimer									
I certify that my answers are true and complete to the best of my knowledge.									
If this application leads to acceptance into the North Carolina Community Partners, I understand that false or misleading information in my application or interview may result in my release.									
Chosen Name:		Date:							
We will follow up with you. Thank you for your interest in helping to restore North Carolina!									
Interview completion date:									
Community Partner Name:		Date:		-					
Additional Comments:									