



Pitt County Sheriff's Office
2025 Teen Volunteer (Grades 9-12) Application
(TO BE COMPLETED BY THE TEEN APPLICANT)

Name: _____ Age: _____

Address: _____ Cell #: _____

School: _____ Grade: _____ Passing all classes? _____

T-Shirt Size*: _____ (*Only applies to summer camp)

In case of an emergency, list two people we can contact:

Name: _____

Address: _____

Home or Cell #: _____ Work #: _____

Relationship: _____

Name: _____

Address: _____

Home or Cell #: _____ Work #: _____

Relationship: _____

1. Do you have any severe allergies or anything important that you would like staff to know about you? _____
2. Besides becoming a teen volunteer for our summer camp, would you like to be contacted to volunteer at our National Night Out, Heroes of the Night, parades, and other community events? Yes _____ No _____
3. Have you ever been suspended from school, charged with or convicted of any crime, or placed on juvenile probation? _____ If yes, please explain: _____

Tell us a little about yourself.

Why are you interested in becoming a PCSO teen volunteer?

How would you handle a conflict between two campers?

IMPORTANT! PLEASE READ!

For this application to be complete, we need a written or typed professional reference letter from your school counselor who knows your character and is able to speak honestly on your behalf. Please ask your school counselor to include his or her phone number and email address within the letter. Your school counselor must seal his or her letter in an envelope. Please call Ms. Venus Curry (PCSO Community Programs Coordinator) at 252-902-2776 when you have completed the entire application packet. She will meet you or your parent to pick up both your application packet and the sealed reference envelope.

No application will be accepted without the sealed reference envelope.

Applicant, please complete, sign, and date the Teen Volunteer Agreement, and ask your parent/guardian to sign and date the Parent Consent Statement. One cannot sign and date for the other. This document is also a part of your application packet. If you have any questions, please call Ms. Curry. Thank you.

Teen Volunteer Agreement

I, _____, agree to perform the duties assigned to me by Pitt County Sheriff's Office (PCSO) staff. I agree to conduct myself in a professional manner because I realize that I will be functioning as a positive role model for its youth and a positive extension of its staff. I understand that my role as a teen volunteer is voluntary and that I will not be paid monetarily for my work in this role. I understand that as a teen volunteer, I must work under the direction of a professional PCSO employee at all times. At any time, I understand that I can remove myself from my role as a teen volunteer. I understand that I can be terminated as a teen volunteer if my words, behaviors, or actions reflect negatively on the Pitt County Sheriff's Office and its programs and events. If I do not feel well, I will let my parents know immediately so that they can communicate it to PCSO staff, and I will stay at home. I agree not to post information or pictures on social media sites of youth who may be paired with me at certain events. I agree not to share any confidential information or materials that I may have access to as a result of my teen volunteer assignment. I understand that a violation of any of the terms of this teen volunteer agreement could result in termination of my teen volunteer assignment.

Signature _____
Date

Parent Consent Statement

I, _____, give my consent for my child, _____, to participate as a teen volunteer for the Pitt County Sheriff's Office (PCSO). I will ensure that my child reports for duty on time and is picked up at the designated time. I will communicate immediately with PCSO staff if my child must stay at home due to illness. I will ensure that my child follows the rules and expectations stated above in the Teen Volunteer Agreement and expressed by staff while performing the duties of a teen volunteer.

Signature _____
Date