



Date: _____

Volunteer/Intern Application

Name _____

First

Middle Initial

Last

Nickname

Address _____

City/State/Zip _____

County of Residence _____ Email _____

Telephone # (Home) _____ Work _____ Mobile _____

Social Security No _____ Date of Birth _____

Day

Month

Education/Employment Status

____ Student ____ Employed ____ Unemployed ____ Retired

High School/GED: _____

College/University: _____

Major _____ Career interest _____

Current Job Title _____ Company Name _____

Current Immediate Supervisor _____ Type of Business _____

List your current job duties _____

Personal Interests

What do you enjoy doing in your spare time? _____

Are you involved in any community or civic affiliations (Please note offices or leadership positions held) _____

Why do you want to volunteer at St. Joseph's Villa? _____

How did you hear about our volunteer program? _____

Please check the following groups/areas that interest you

- | | | |
|--|---|--|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Children with physical &/or mental challenges | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Pre-schoolers | <input type="checkbox"/> Children with behavioral &/or emotional challenges | <input type="checkbox"/> Clerical support; data entry, filing, editing, etc. |
| <input type="checkbox"/> Middle/Junior/Senior High | <input type="checkbox"/> Women in Transitional Housing | |
| <input type="checkbox"/> Adults with disabilities | <input type="checkbox"/> Human Resources | |
| <input type="checkbox"/> Writing | <input type="checkbox"/> Development (fundraising) | |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Graphic Design | |
| <input type="checkbox"/> Computer/Technical | <input type="checkbox"/> Culinary Art &/or Nutrition Education | |
| <input type="checkbox"/> Landscaping/Gardening | <input type="checkbox"/> Donation Center | |

Availability

Are you available to commit to a consistent schedule? (YES) (NO) Circle One

Number of hours you can commit to each week __ 0-2 __ 2-4 __ 4-10 __ 10-15 __ 15-20 __ 20-25 __ 25-30 __ 30-35 __ 35-40

What days are you available? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time of day are you available? Mornings (8:00am-12:00pm) Afternoons (12:00pm-4:30pm) Evenings (4:30pm-7:00pm)

REFERENCES (Please list three people not related to you who have known you for at least 1 year.)

Name _____ Telephone # (Home) _____

Address _____ Work _____

City/State/Zip _____ # of years known _____

Name _____ Telephone # (Home) _____

Address _____ Work _____

City/State/Zip _____ # of years known _____

Name _____ Telephone # (Home) _____

Address _____ Work _____

City/State/Zip _____ # of years known _____

Previous and Present Volunteer Services

Name of Organization _____ Contact Person _____

Address _____ Telephone _____

Volunteer duties _____

Have you ever been investigated by the Virginia Department of Social Services (Child Protective Services Unit) for abuse or neglect with a result of "founded"? Yes No

Have you ever been CONVICTED of an offense against criminal or military law, or are there criminal charges currently pending against you? Yes No If yes, please explain _____

Certification

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that any misstatement of fact may result in termination. All statements made on this application, including employment information, are subject to verification as a condition of volunteer services. I also release St. Joseph's Villa and the respondent from any liability associated with action(s) taken in response to the information provided herein. I hereby give my permission for St. Joseph's Villa to verify any information included in this application. I understand that I will NOT be paid or otherwise compensated for my services as a volunteer. I further understand that as a volunteer I may be exposed to some degree of danger in working with this population of students/clients.

Applicant Signature _____ Date _____