



Date: \_\_\_\_\_

## Volunteer Application

Name \_\_\_\_\_

First

Middle Initial

Last

Nickname

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

County of Residence \_\_\_\_\_ Email \_\_\_\_\_

Telephone # (Home) \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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

\_\_\_ Administrative Support

\_\_\_ Docent; greet guests, answer questions about the Villa

\_\_\_ Mentoring Youth

\_\_\_ Homeless Services

\_\_\_ Human Resources

\_\_\_ Children with Developmental Disabilities/Autism

\_\_\_ Writing

\_\_\_ Fundraising/Special Events

\_\_\_ Public Relations/Marketing

\_\_\_ Graphic Design

\_\_\_ Computer/Information Technology

\_\_\_ Culinary Art/Nutrition Education

\_\_\_ Landscaping/Gardening

\_\_\_ Donation Center; accepting donations, organizing, help clients

### 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

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 \_\_\_\_\_