



VOLUNTEER APPLICATION

Please print clearly or type

Date: _____

Name: _____ DOB: _____

Address: _____

City: _____ Zip: _____

Phone (H): _____ (W): _____ (cell): _____

E-mail: _____

Emergency Contact: _____ Relationship: _____

Phone: _____

Where did you learn about our volunteer opportunities? _____

Are you seeking to volunteer in order to satisfy court-ordered community service? Yes No

Are you seeking to volunteer to fulfill an internship or class requirement? Yes No

If "yes" to either question, please provide school/court name, the hours required, and the deadline for completion:

SKILLS & EXPERIENCE

What is your educational background? _____

What hobbies, interests, & activities do you enjoy? _____

What is your occupation? _____

Do you have any past or present experience working with youth? If yes, please describe: _____

What types of transportation do you use? _____

INTEREST INVENTORY

Please check the area(s) that interest you. Check as many or as few as you like.

I would enjoy:

- | | |
|--|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> Sports/Coaching |
| <input type="checkbox"/> Music | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Listening to a child read | <input type="checkbox"/> Assisting with Fundraising |
| <input type="checkbox"/> Mentoring Teens | <input type="checkbox"/> Office & Clerical work |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Preparing/Serving Food |
| <input type="checkbox"/> Leading games | <input type="checkbox"/> Cleaning |
| <input type="checkbox"/> Serving on a committee | <input type="checkbox"/> Advertising |

PREFERENCES

The majority of our programs work with children and youth ages 5-18. Which age group(s) would you enjoy working with the most?

- 5-9
 10-14
 15-18

Is there a particular type of work in which you are interested? Check all that apply.

- Working directly with youth
 General office duties
 Leading activities

AVAILABILITY

Please mark all the days and times you will be available to work.

- Monday
Tuesday
Wednesday
Thursday
Friday

Hours Available

What kind of time commitment are you willing to make?

- 6 weeks to 3 months
 3 months to 6 months
 6 months to 9 months
 9 months to 1 year
 Other (duration of class or community service _____)

Are there any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? _____

REFERENCES

Current Employer: _____ Supervisor: _____

Phone: _____ Work Address: _____

Please list two non-related people who can attest to your character, skill and dependability.

Name: _____ Phone: _____

Address: _____ Relation: _____

Name: _____ Phone: _____

Address: _____ Relation: _____

Please circle the applicable response:

1. Do you currently use illegal drugs

Yes

No

2. Have you ever been convicted of a criminal offense?

Yes

No

3. Have you ever been convicted of child abuse or neglect or is there an pending criminal charge against you for child abuse or neglect?

Yes

No

4. Has your driver's license been suspended or revoked?

Yes

No

5. Are there any other facts or circumstances involving you or your background that would call into question your being entrusted with the supervision, guidance and care of young people?

Yes

No

Please use the space below to explain any "yes" responses.

Understanding and Authorization

I certify that all the answers on the application and any attachments are true and complete to the best of my knowledge. I also certify that I have not withheld any pertinent information.

I agree that in the course of considering my application, you may inquire to verify information considering my background. I specifically authorize you to investigate all statements in this application. I authorize educational institutions, employers and references listed above to give you any and all information concerning my education, employment, and fitness to work with children and young people. I further agree to release and hold harmless Stafford Junction, institutions and references listed above and any law enforcement agency, from all liability and any damage that may result from furnishing this information to you.

Signature: _____ Date: _____

Parent's Signature (if under age 18): _____ Date: _____

Return to:

Stafford Junction

400 Chatham Square Office Park
Fredericksburg, VA 22405

_____Office Use Only_____

Volunteer Accepted/ Denied – Notified: _____

Interview scheduled/ Date & Time: _____

Placement Beginning Date: _____

Position: _____

Staff Member Contact: _____

Schedule: _____

Notes: