



# Office of Volunteer Services

## Volunteer Application

**Directions:** Complete each section. Please print clearly.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Business Phone No. or E-Mail Address \_\_\_\_\_  
Voting District \_\_\_\_\_

Mr.  Ms.  Mrs  Miss  Dr.  \_\_\_\_\_ I prefer to receive calls at  Home  Business  Either  
Is anyone else at this address already a JCC volunteer?  Yes  No If yes, what is their name? \_\_\_\_\_  
Have you ever served as volunteer with us before?  Yes  No If yes, in what year? \_\_\_\_\_  
 I'm age 18 or older

**Education:** (check all that apply)

High school  Undergraduate degree  Graduate degree

**Availability:**

Please check the boxes for the days and times you are most often available to serve.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Skills:**

Please check any of these skills that you feel you have and would like to apply to a volunteer job.

- Accounting  Computer data entry
- Coordinating projects  Graphic arts
- Counseling others  Grant writing
- Newsletter editing  Nursing  Organizing an event
- Public speaking  Photography  Teaching adults
- Teaching children  Project Manager
- Scrapbooking  Writing

**References:** Please list two people other than relatives who would be willing to serve as personal references.

1.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mr.  Ms.  Mrs  Miss  Dr.  \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

2.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mr.  Ms.  Mrs.  Miss  Dr.  \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Business Phone No. \_\_\_\_\_

Are you able to perform the essential duties of the job for which you are applying?  Yes  No

If no, please explain. (A disability will not prevent you from volunteering if you are able to perform the essential duties of the job with reasonable accommodations.)

Have you ever been convicted as an adult of any offense against the law including misdemeanors, felonies, and traffic violations?

Yes  No If yes, please describe what crime, date of conviction, location of court proceedings, and specific sentence. (A conviction does not automatically mean that you will not be hired.)

Do you possess a valid driver's license?  Yes  No Drivers License Number \_\_\_\_\_

Have any restrictions or revocations been issued?  Yes  No If yes, describe:

I certify that the vehicle I will be operating while performing volunteer activities has liability insurance in accordance with Virginia State laws.  
 Yes  No

Name and policy number of current vehicle insurance \_\_\_\_\_

I authorize James City County to conduct a driving record check.

I understand that it is my responsibility to share client information only with staff involved in the case, to keep all case information confidential, and to report any information which may affect the client's eligibility status to my supervisor or the client's caseworker.

I certify that this application is a complete record and that all entries and attachments are true and accurate to the best of my knowledge.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date