



Volunteer Application/Enrollment Long Form VA-114

When applying for a volunteer role, complete sections A through I. After acceptance, read and sign section J.

A. GENERAL INFORMATION (please print)

Name: _____			
LAST	FIRST	MI	
Mailing Address: _____			
(STREET, BOX, ROUTE, APT #)	CITY	STATE	ZIP
Residence: _____			
<small>(Physical location if different than mailing address)</small>			
How long at this address: _____		Date of Birth: _____	

B. CONTACT INFORMATION

Phone: Daytime: (_____) _____	FAX: (_____) _____
Evening: (_____) _____	E-mail: _____
Best time to call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Emergency Contact: Name _____	
Phone: Daytime: (_____) _____	EVENING: (_____) _____

C. VOLUNTEER POSITION

1. In which volunteer positions are you interested? _____

2. With which groups do you prefer to work? (check **ALL** that apply)
Age: Youth Adults Either under age 5 age 5-8 age 9-11
Gender: Males Females Either age 12-13 age 14-18 over 18
3. Describe your skills, abilities, and hobbies, as related to this volunteer position. _____

4. Describe your training, formal education, licenses/certification and experience working with different age groups or targeted clientele related to this position.

D. AVAILABILITY

1. For what length of time are you willing to volunteer? <input type="checkbox"/> hours per week (please specify _____) <input type="checkbox"/> hours per month (please specify) _____ <input type="checkbox"/> negotiable (please specify) _____	2. Over what time period? (mark all that apply) <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> other (describe) _____ <input type="checkbox"/> When could you begin? _____ (mo/day/yr)
3. When are you available to volunteer? <input type="checkbox"/> Day <input type="checkbox"/> Weekends <input type="checkbox"/> Specific Times _____ <input type="checkbox"/> Evening <input type="checkbox"/> I'm flexible	

E. EMPLOYMENT/VOLUNTEER EXPERIENCE (supervisor may be contacted)

Organization: _____ Supervisor Name and Phone #: _____

Paid or Volunteer Role/Duties: _____

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F. REFERENCES

1. _____ (Name) (Phone: Day & Night) (Relationship)
_____ (Street, Route, Box, Apt#) (City) (State) (Zip)
2. _____ (Name) (Phone: Day & Night) (Relationship)
_____ (Street, Route, Box, Apt#) (City) (State) (Zip)
3. _____ (Name) (Phone: Day & Night) (Relationship)
_____ (Street, Route, Box, Apt#) (City) (State) (Zip)

G. DRIVING INFORMATION (Complete only if applying for a position which requires driving)

	Yes	No
Do you have a current and valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, issued in the state of _____		
Do you have a current commercial driver's license (CDL)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?	<input type="checkbox"/>	<input type="checkbox"/>

H. BACKGROUND INFORMATION

(This information will be kept in a confidential manner and accessible only to authorized personnel.
A "yes" answer does **not** automatically exclude you from becoming a registered VCE volunteer.)

1. Have you ever had any **criminal convictions** related to:

- | | Yes | No |
|----------------------------|--------------------------|--------------------------|
| a. alcohol or drug abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. child abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. spousal abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. elder abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> |

2. Have you ever been convicted of any violation(s) of law? Yes No

3. If volunteering for a position that requires the operation of a vehicle, have you been convicted of any moving traffic violations within the last 5 years? Yes No

If "yes" to any of the above, please describe.

I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service of VCE.

Signature, Volunteer Applicant

Date (mo/day/yr)

I. DEMOGRAPHIC INFORMATION *(For record keeping purposes only)*

1. Gender: Female Male

2. Race:

- White
- African American
- American Indian
- Hispanic
- Asian
- Multi-Racial

3. I Live (check one)

- On a farm
- Rural area or town under 10,000
- Town or city of 10,000 to 50,000
- Suburb or city over 50,000
- City over 50,000

4. Highest level of education: _____

J. ENROLLMENT/AGREEMENT

- I agree to abide by all policies and procedures of Virginia Cooperative Extension (VCE).
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. VCE is an equal opportunity employer.
- I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Signature, VCE Volunteer

Date (mo/day/yr)

FOR VCE INTERNAL USE ONLY

A. ACTION TAKEN

Date Volunteer Application received by VCE _____

This applicant: (pick one)

was assigned to _____ position on _____
(Date)

Met qualifications for position and was archived for future positions.

Not offered position.

Signature, VCE Representative

Date (mo/day/yr)

B. RE-ENROLLMENT

Re-enroll with no changes Date _____

Re-enroll with the following changes Date _____

Signature, VCE Volunteer

Date (mo/day/yr)