



Application for Volunteer Services

Facility/Unit _____ Date _____

Note: One year volunteer experience or prior approval by Deputy Director required for Regional/Statewide Volunteer

Region Statewide Program Affiliation

Full Name	_____	_____	_____
	<i>Last</i>	<i>First</i>	<i>Middle</i>
Home Address	_____		_____
	<i>City/County</i>	<i>State</i>	<i>Zip Code</i>
Phone ()	_____	Education (years in school)	1-11 <input type="checkbox"/> 12 <input type="checkbox"/> 13-16 <input type="checkbox"/> 17+ <input type="checkbox"/>
Occupation	_____	Present Employer	_____

Have you ever been convicted of a law violation as an adult, including moving traffic violations? **Yes** **No**

Have you ever been employed by the Virginia Department of Corrections or another agency or contractor to work in a Virginia DOC facility? **Yes** **No**

If **yes** to either of the above questions, please explain:

Are you visiting, have you ever visited, or are you corresponding with an offender confined in any institution of the Virginia Department of Corrections? **Yes** **No**

If **yes**, please explain/identify the offender(s):

Please list any known family, friends or associates who are currently under supervision of the Virginia Department of Corrections (includes confined or paroled)

Do you agree to a background/reference check? **Yes** **No**

References

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Over



How did you hear about this volunteer opportunity? _____

When are you available to volunteer? (please check all that apply)

	SUN	MON	TUES	WED	THURS	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"/>

Please check those that apply:

<p><u>BUSINESS/OFFICE</u></p> <p><input type="checkbox"/> Typing <input type="checkbox"/> Bookkeeping <input type="checkbox"/> Computers <input type="checkbox"/> Library/Research Skills</p> <p><u>HUMAN SERVICE</u></p> <p><input type="checkbox"/> Drug/Alcohol Counseling <input type="checkbox"/> Life Skills Training</p> <p><u>RELIGIOUS ACTIVITIES</u></p> <p>Please Specify: _____</p>	<p><u>ARTS & CRAFTS/RECREATION</u></p> <p><input type="checkbox"/> Music <input type="checkbox"/> Painting/ceramics <input type="checkbox"/> Woodworking <input type="checkbox"/> Sports (____) <input type="checkbox"/> Other (____)</p> <p><u>EDUCATIONAL SKILLS</u></p> <p><input type="checkbox"/> Literacy Tutoring <input type="checkbox"/> Foreign Language <input type="checkbox"/> Sign Language <input type="checkbox"/> Braille</p>	<p><u>SPECIAL POPULATIONS</u></p> <p><input type="checkbox"/> Physical Handicap <input type="checkbox"/> Geriatric <input type="checkbox"/> Learning Disabilities</p> <p><u>PUBLIC RELATIONS</u></p> <p><input type="checkbox"/> Public Speaking <input type="checkbox"/> Publicity <input type="checkbox"/> Journalism</p> <p><u>OTHER</u></p> <p>_____</p>
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I hereby certify that information on this application is accurate to the best of my knowledge. I understand that all information on this application is subject to verification and I consent to such verification as may be necessary in reference to my volunteer service.

Applicant Signature/Date

For office use only (applicant does not write in this space)

Application Received: _____ Interview Date: _____

Volunteer Coordinator: Approved Disapproved

Unit Head/Deputy Director: Approved Disapproved
 Deputy Director Approval Required for Regional/Statewide Volunteer

Signature: _____ Title: _____ Date: _____

Orientation Date: _____ I.D. Card Issued: _____

Volunteer Job Assigned: _____

Comments: _____