



Helping Greater Richmond's Children Since 1924

200 North 22<sup>nd</sup> Street  
Richmond, VA 23223  
Phone: (804) 644-9590  
Fax: (804) 644-9596

## **VOLUNTEER APPLICATION**

\_\_\_\_\_  
Last Name First Name Middle Initial

Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Minimum age 16

(If under age 18) Parent Name \_\_\_\_\_ Phone (if different from yours) \_\_\_\_\_

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**EMERGENCY CONTACT** Name \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

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## **VOLUNTEER EXPERIENCE**

Name of Organization \_\_\_\_\_ Date of Service \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Assigned duties \_\_\_\_\_

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## **EMPLOYMENT**

Current Employer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Title/Position \_\_\_\_\_

Brief description of duties \_\_\_\_\_

**STUDENT**

Name of School \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ Year Graduating \_\_\_\_\_

Are you volunteering for a school credit?  YES  NO Hours Needed \_\_\_\_\_

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Are you volunteering for a community service requirement?  YES  NO Hours Needed \_\_\_\_\_

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**AVAILABILITY**

How often are you interested in volunteering?  Daily  Weekly  Monthly  Other

What is the best day and time for you to volunteer? Office hours are Monday – Friday 8:30 am – 5:00 pm

Monday  Tuesday  Wednesday  Thursday  Friday

Time \_\_\_\_\_ Time \_\_\_\_\_ Time \_\_\_\_\_ Time \_\_\_\_\_ Time \_\_\_\_\_

Flexible

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If you have a disability, what accommodations would you need?

\_\_\_\_\_  
\_\_\_\_\_

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**AREAS OF INTEREST** *(please check all that apply)*

- Web design
- Computer skills, data entry
- Cataloging books and toys
- Research
- Party, event planning
- Baking
- Sewing

- Carpentry
- Administrative tasks/Mailings
- Children’s Holiday Party
- Photography
- Gardening/flower arranging
- I want to help as needed
- Other

Other/One Day Activity:

\_\_\_\_\_  
\_\_\_\_\_

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**BACKGROUND INFORMATION**

How did you hear about ChildSavers of Richmond? \_\_\_\_\_

Do you have a previous association with ChildSavers of Richmond?  YES  NO

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of any violation of the law other than minor traffic violations?

YES  NO

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony offense?  YES  NO

*Conviction of a felony will not necessarily render you ineligible for a volunteer position, but the nature of the conviction, circumstances and/or the time of occurrence may be considered in processing your application.*

If yes, please explain and provide dates. \_\_\_\_\_

Are there any felony charges pending?  YES  NO

If yes, please explain: \_\_\_\_\_

Have you ever been administratively determined by a federal, state and/or local government to have committed abuse or neglect?  YES  NO

If yes, please explain \_\_\_\_\_

Are you a U.S. Citizen?  YES  NO Are you eligible for employment in the U.S.?  YES  NO

Do you have legal rights to work in the U.S.?  YES  NO

**REFERENCES**

Please provide two personal references with phone numbers:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

May we contact your references to obtain information regarding your previous volunteer performance and/or service (include obtaining a criminal record / police / reference check if necessary)?

YES  NO

May we respond to requests for information regarding your volunteer performance and/or service hours?

YES  NO

**AUTHORIZATION**

**Please read the following statements:**

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- ✓ I have read the Notice of Privacy Practices and the Health Insurance Portability And Accountability Act (HIPAA) and I agree to adhere to the privacy of clients and records at all times.
- ✓ I have read over my answers and affirm that they are true and accurate to the best of my knowledge.
- ✓ I hereby authorize Memorial Child Guidance Clinic/ChildSavers of Richmond to inquire and verify any information contained on this application or which I submit as part of this application process.
- ✓ I understand and agree that, if I am selected as a volunteer, the making of any false or misleading statements, including the failure to disclose information as requested, (in this application or during the application process) may result in my volunteer termination at any time.
- ✓ I authorize investigation of all statements contained in this form. I understand that misrepresentation or omission of facts is cause for termination of my volunteer responsibilities.
- ✓ I hereby give approval to be photographed for use in the Memorial Child Guidance Clinic/ChildSavers of Richmond internal and/or external publications/media.

The information on this application is correct. I hereby apply for a volunteer position at Memorial Child Guidance Clinic/ChildSavers of Richmond. I understand and agree to comply with the policies and procedures. I understand that volunteers are not eligible for Workers Compensation provided by Memorial Child Guidance Clinic/ChildSavers of Richmond, and am therefore responsible for charges incurred when seeking medical attention.

**By signing below, you agree that you have read and fully understand the statements above.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License Number

**If applicant is a minor (under age 18) parent/guardian must sign the form.**

\_\_\_\_\_  
Signature of Guardian/Parent

\_\_\_\_\_  
Date

During the day(s) and time(s) my child is a volunteer at ChildSavers, I can be reached at:

Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Please return the completed form to:

Cynthia Bedell  
ChildSavers  
200 North 22<sup>nd</sup> Street  
Richmond, VA 23223