

# CHESTERFIELD COUNTY VOLUNTEER APPLICATION

## Office of Aging and Disability Services

### VOLUNTEER APPLICATION

Our volunteers provide services for the Office of Aging and Disability Services to help the citizens of Chesterfield County. Volunteers sign up for flexible time commitments during the workweek. Please fill out the application to volunteer with the office.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Email Address: \_\_\_\_\_

**In case of emergency, please contact:**

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

Are you a current/former employee of Chesterfield County? \_\_\_\_\_ Yes \_\_\_\_\_ No

### QUESTIONS

Have you ever been convicted of a Felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give dates and please explain: \_\_\_\_\_

Are there any pending charges against you? \_\_\_\_\_

### VOLUNTEER INFORMATION

Are you a court-mandated volunteer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you volunteering for school credit? \_\_\_\_\_ Yes \_\_\_\_\_ No

When are you available to begin volunteering? \_\_\_\_\_

How often are you interested in volunteering?

\_\_\_\_\_ Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ As Needed

Which would you prefer? \_\_\_\_\_ A short-term project \_\_\_\_\_ An on-going position

Please list any previous volunteer experience: \_\_\_\_\_

I am interested in volunteering with the following program(s).

\_\_\_\_\_ Grandparent Connection

\_\_\_\_\_ Harrowgate Readers

\_\_\_\_\_ Office Volunteer

\_\_\_\_\_ Jury Commissioners

\_\_\_\_\_ Marketing Assistant

\_\_\_\_\_ Special Events

\_\_\_\_\_ Senior Ambassador Program

\_\_\_\_\_ Telephone Reassurance Program

\_\_\_\_\_ Age Wave Coalition

\_\_\_\_\_ Other \_\_\_\_\_

**PERSONAL REFERENCES** (other than relatives)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Number of year's known: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Number of year's known: \_\_\_\_\_

I certify that the information I have provided to the previous questions is true and correct and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time, and I agree to hold Chesterfield County, its officials and employees harmless in that event.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## **VOLUNTEER'S STATEMENT OF CONFIDENTIALITY**

This acknowledges that, as a volunteer with the Office of Aging and Disability Services, I will maintain strict confidentiality of all documents I work with during my volunteer assignment. I understand that any breach of confidentiality will result in immediate dismissal from my volunteer assignment and will disqualify me from volunteering in this department at any time in the future.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_