

**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.

**Privacy Statement**

*The county may collect personally identifiable information (PII) that may be used by the county or a third party authorized by the county. The primary purpose for the collection of this information is to facilitate operation of our mission and the services we provide.*

*We maintain our records in accordance with our obligations as defined by applicable Virginia statutes, including, but not limited to, the "The Government Data Collection and Dissemination Practices Act," the "Virginia Freedom of Information Act," and by any applicable U.S. Federal laws.*

**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) in the Office of Aging and Disability Services.

- |  |  |
|--|--|
| <input type="checkbox"/> Kinship Connection        | <input type="checkbox"/> Front Office Administrative Support |
| <input type="checkbox"/> Office Volunteer          | <input type="checkbox"/> Elementary School Reading Program   |
| <input type="checkbox"/> Program Assistant         | <input type="checkbox"/> Jury Commissioners                  |
| <input type="checkbox"/> Senior Ambassador Program | <input type="checkbox"/> Special Events                      |
| <input type="checkbox"/> Age Wave Coalition        | <input type="checkbox"/> Telephone Reassurance Program       |

**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 Chesterfield 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: \_\_\_\_\_