



Helping Greater Richmond's Children Since 1924

200 North 22nd 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) _____

EMERGENCY CONTACT Name _____ Phone _____

Address: _____ City _____ ST _____ Zip _____

VOLUNTEER EXPERIENCE

Name of Organization _____ Date of Service _____

Address _____ City _____ ST _____ Zip _____

Assigned duties _____

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 _____

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

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

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

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:

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:

- ✓ 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:

Joyce Johnson
ChildSavers
200 North 22nd Street
Richmond, VA 23223