



## Volunteer Application

### SECTION I

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

May we text you? Yes / No

### SECTION II

Previous Volunteer Experience \_\_\_\_\_

\_\_\_\_\_

Occupation (Past occupation if retired): \_\_\_\_\_

Other information that will help us make a good match (such as education, general interests/hobbies) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Languages Spoken: \_\_\_\_\_

**SECTION III**

Availability and Volunteer Assignment Preferences

*Please Check All That Are Applicable:*

- I Am Available
- |                          |                    |                          |                      |                          |                       |
|--------------------------|--------------------|--------------------------|----------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | Mornings (Mon-Fri) | <input type="checkbox"/> | Afternoons (Mon-Fri) | <input type="checkbox"/> | Evenings (Mon-Fri)    |
| <input type="checkbox"/> | Weekends           | <input type="checkbox"/> | Once A Week          | <input type="checkbox"/> | More Than Once A Week |
| <input type="checkbox"/> | One Time Only      | <input type="checkbox"/> | As Needed            | <input type="checkbox"/> | OTHER                 |

Please list the types of activities in which you would like to volunteer (office, events, festivals, classroom, etc.):

\_\_\_\_\_

**SECTION IV**

Do You Have A Valid (State) Driver's License?       Yes       No

License Number: \_\_\_\_\_ Vehicle License Plate Number \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise?       Yes       No

If Yes, Please Explain: \_\_\_\_\_

Do You Have Any Physical Condition that May Limit Your Activities?       Yes       No

If Yes, Describe: \_\_\_\_\_

Who To Notify In Case Of An Emergency? \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**SECTION V**

Please list three persons we may call who are NOT family.

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

Address \_\_\_\_\_

Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

Relationship \_\_\_\_\_

**Section VI –Volunteer Agreement**

I understand that I am offering my services to Clean Valley Council without compensation. Once I become a volunteer, I agree to abide by all Clean Valley Council rules, regulations and policies, either published or in effect by custom and usage, and all rules, regulations and laws of the Commonwealth of Virginia as may be required by City and State statutes. **Initial:** \_\_\_\_\_

**Section VII –Release from Liability**

1. Voluntary Participation: I acknowledge that I have voluntarily applied to serve as a volunteer for Clean Valley Council. I understand as a volunteer that I will not be paid for my services, and should I be injured while performing duties on behalf of Clean Valley Council, Clean Valley Council provides insurance which offers limited medical benefits.

2. Release: In consideration of the opportunity afforded me to serve as a volunteer for Clean Valley Council, I hereby agree that I, my assignees, heirs, guardians, and legal representatives, will not make a claim against Clean Valley Council, or their officers or directors collectively or individually, or the equipment that is used by Clean Valley Council, or any of the volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation volunteering. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in volunteering. I further consent to the unrestricted use by Clean Valley Council and/or persons authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual recording of me. **Initial:** \_\_\_\_\_

**Section VIII–Indemnification and Authorized Signatures**

I, the undersigned, by execution of this document, give Clean Valley Council permission to conduct a background check regarding my qualifications to volunteer with Clean Valley Council; including criminal record, driving record, past employment and volunteer history. I understand that I have a right to: (1) obtain a copy of my background check report and (2) challenge the accuracy of any information contained in this report by contacting the third party responsible for conducting the background check by calling the telephone number listed on the report. I understand that information collected during this background check will be limited to that appropriate for determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential. By signing this application, I agree to the following: I certify that I have not been convicted and do not have charges currently pending against me for any of the disqualifying crimes listed on page three (3) of the Background Screening Policy. I agree that at all times while serving as a volunteer for Clean Valley Council, I will immediately notify the Executive Director/Volunteer Coordinator if I am charged with any of the disqualifying crimes.

*I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.*

\_\_\_\_\_  
Signature Of Applicant

\_\_\_\_\_  
Date