



9. Describe your skills, abilities, and hobbies, as related to this volunteer position.

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10. Describe your training, formal education, licenses/certification and experience working with different age groups or targeted clientele related to this position

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**D. AVAILABILITY**

1. For what length of time are you willing to volunteer?

- hours per week (please specify) \_\_\_\_\_
- hours per month (please specify) \_\_\_\_\_
- negotiable (please specify) \_\_\_\_\_

2. Over what time period? (mark all that apply)

- 3 months
- 6 months
- 1 year
- other (describe) \_\_\_\_\_
- When could you begin? \_\_\_\_\_  
(mo/day/yr)

3. When are you available to volunteer?

- Day    Weekends    Specific Times \_\_\_\_\_
- Evening    I'm flexible

**E. EMPLOYMENT/VOLUNTEER EXPERIENCE** (supervisor may be contacted)

Organization: \_\_\_\_\_ Supervisor Name and Phone #: \_\_\_\_\_

Paid or  Volunteer   Role/Duties: \_\_\_\_\_

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Organization: \_\_\_\_\_ Supervisor Name and Phone #: \_\_\_\_\_

Paid or  Volunteer   Role/Duties: \_\_\_\_\_

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**F. REFERENCES**

1. \_\_\_\_\_  
(Name) (Phone: Day & Night) (Relationship)

\_\_\_\_\_  
(Street, Route, Box, Apt#) (City) (State) (Zip)

2. \_\_\_\_\_  
(Name) (Phone: Day & Night) (Relationship)

\_\_\_\_\_  
(Street, Route, Box, Apt#) (City) (State) (Zip)

3. \_\_\_\_\_  
(Name) (Phone: Day & Night) (Relationship)

\_\_\_\_\_  
(Street, Route, Box, Apt#) (City) (State) (Zip)

**G. DRIVING INFORMATION** *(Complete only if applying for a position which requires driving)*

	Yes	No
Do you have a current and valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, issued in the state of _____		
Do you have a current commercial driver's license (CDL)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?	<input type="checkbox"/>	<input type="checkbox"/>

**H. BACKGROUND INFORMATION**

(This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does **not** automatically exclude you from becoming a registered VCE volunteer.)

1. Have you ever had any **criminal convictions** related to:

	Yes	No
a. alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>
b. child abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>
c. spousal abuse?	<input type="checkbox"/>	<input type="checkbox"/>
d. elder abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>

2. Have you ever been convicted of any violation(s) of law?  Yes  No

3. If volunteering for a position that requires the operation of a vehicle, have you been convicted of any moving traffic violations within the last 5 years?  Yes  No

If "yes" to any of the above, please describe.

\_\_\_\_\_

\_\_\_\_\_

I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service of VCE.

\_\_\_\_\_

Signature, Volunteer Applicant Date (mo/day/yr)

**I. DEMOGRAPHIC INFORMATION** *(For record keeping purposes only)*

1. Gender:	2. Ethnicity:
<input type="checkbox"/> Female	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Male	<input type="checkbox"/> Not Hispanic
3. Race:	4. I Live (check one)
<input type="checkbox"/> White	<input type="checkbox"/> On a farm
<input type="checkbox"/> African American	<input type="checkbox"/> Rural area or town under 10,000
<input type="checkbox"/> American Indian	<input type="checkbox"/> Town or city of 10,000 to 50,000
<input type="checkbox"/> Asian	<input type="checkbox"/> Suburb or city over 50,000
	<input type="checkbox"/> City over 50,000
5. Highest level of education: _____	

**J. ENROLLMENT/AGREEMENT**

- I agree to abide by all policies and procedures of Virginia Cooperative Extension (VCE).
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. VCE is an equal opportunity employer.
- I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

\_\_\_\_\_  
Signature, VCE Volunteer

\_\_\_\_\_  
Date (mo/day/yr)

**FOR VCE INTERNAL USE ONLY**

**A. ACTION TAKEN**

Date Volunteer Application received by VCE \_\_\_\_\_

This applicant: (pick one)

was assigned to \_\_\_\_\_ position on \_\_\_\_\_  
(Date)

Met qualifications for position and was archived for future positions.

Not offered position.

\_\_\_\_\_  
Signature, VCE Representative

\_\_\_\_\_  
Date (mo/day/yr)

**B. RE-ENROLLMENT**

Re-enroll with no changes Date \_\_\_\_\_

Re-enroll with the following changes Date \_\_\_\_\_

\_\_\_\_\_  
Signature, VCE Volunteer

\_\_\_\_\_  
Signature, VCE Supervisor

**4-H Plus Data Codes**

UNIT:  ID NUMBER:  CLUB:  TYPE:  COMMUNITY:  MAIL:

DATE: \_\_\_/\_\_\_/\_\_\_

Y=Yes  
N=No