

## Master Food Volunteer Application

### A. GENERAL INFORMATION (please print)

Name \_\_\_\_\_  
(LAST) (MIDDLE INITIAL) (FIRST)

Mailing Address \_\_\_\_\_  
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residence \_\_\_\_\_  
(Physical location if different than mailing address)

Date of Birth: \_\_\_\_\_

### B. CONTACT INFORMATION

Phone Daytime: \_\_\_\_\_ FAX: \_\_\_\_\_

Phone Evening: \_\_\_\_\_ E-mail: \_\_\_\_\_

Best time to call:  Morning  Afternoon  Evening

Emergency Contact Name: \_\_\_\_\_

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

### C. VOLUNTEER POSITION

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

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Language(s) spoken other than English: \_\_\_\_\_

### D. AVAILABILITY

For what length of time are you willing to volunteer? Over what time period? (Mark all that apply)

Hours per week (please specify) \_\_\_\_\_  3 months  6 months  1 year

Hours per month (please specify) \_\_\_\_\_

Negotiable (please specify) \_\_\_\_\_  Other (describe) \_\_\_\_\_

When are you available to volunteer?

Day  Weekends Specific Times: \_\_\_\_\_

Evening  I'm flexible \_\_\_\_\_

[www.ext.vt.edu](http://www.ext.vt.edu)



Produced by Communications and Marketing, College of Agriculture and Life Sciences,  
Virginia Polytechnic Institute and State University, 2012

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**E. REFERENCES**

(Name)	(Phone: Day & Night)	(Relationship)
(Street, Route, Box, Apt#)	(City)	(State) (Zip)
(Name)	(Phone: Day & Night)	(Relationship)
(Street, Route, Box, Apt#)	(City)	(State) (Zip)
(Name)	(Phone: Day & Night)	(Relationship)
(Street, Route, Box, Apt#)	(City)	(State) (Zip)

**F. DRIVING INFORMATION**

Do you have a current and valid driver’s license?  Yes  No If yes, issued in the state of \_\_\_\_\_  
 Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?  Yes  No

**G 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.

Have you every had any criminal convictions related to:

	Yes	No		Yes	No
alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of any violation(s) of the law?	<input type="checkbox"/>	<input type="checkbox"/>
child abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>	If volunteering for a position that requires the operation of a vehicle, have you ever been convicted of any moving traffic violations within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
spousal abuse?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
elder abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

If “yes” to any of the above, please describe:

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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)
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**H. 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, Volunteer Applicant	Date (mo/day/yr)
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**FOR OFFICE USE ONLY**

Date Volunteer Application received by VCE:	This applicant: (pick one)
	<input type="checkbox"/> Met qualifications for volunteer position
	<input type="checkbox"/> Did not meet qualifications for volunteer position
Signature, VCE Representative	<input type="checkbox"/> Other: _____