



Volunteer Application/Enrollment Long Form VA-114

When applying for a volunteer role, complete sections A through I. After acceptance, read and sign section H, J, and K.

A. GENERAL INFORMATION (please print)

Name: _____			
LAST	FIRST	MI	
Mailing Address: _____			
(STREET, BOX, ROUTE, APT #)	CITY	STATE	ZIP
Residence: _____			
<small>(Physical location if different than mailing address)</small>			
How long at this address: _____		Date of Birth: _____	

B. CONTACT INFORMATION

Phone: Daytime: (_____) _____	FAX: (_____) _____
Evening: (_____) _____	E-mail: _____
Best time to call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Emergency Contact: Name _____	
Phone: Daytime: (_____) _____	EVENING: (_____) _____

C. VOLUNTEER POSITION

1.	In which volunteer positions are you interested? _____ _____
2.	With which groups do you prefer to work? (check ALL that apply) Age: <input type="checkbox"/> Youth <input type="checkbox"/> Adults <input type="checkbox"/> Either <input type="checkbox"/> under age 5 <input type="checkbox"/> age 5-8 <input type="checkbox"/> age 9-11 Gender: <input type="checkbox"/> Males <input type="checkbox"/> Females <input type="checkbox"/> Either <input type="checkbox"/> age 12-13 <input type="checkbox"/> age 14-18 <input type="checkbox"/> over 18
3.	Describe your skills, abilities, and hobbies, as related to this volunteer position. _____ _____ _____
4.	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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Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer. Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Edwin J. Jones, Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; M. Ray McKinnie, Administrator, 1890 Extension Program, Virginia State University, Petersburg.

VT/0814/VCE-892NP

D. AVAILABILITY

1. For what length of time are you willing to volunteer? <input type="checkbox"/> hours per week (please specify _____) <input type="checkbox"/> hours per month (please specify _____) <input type="checkbox"/> negotiable (please specify _____)	2. Over what time period? (mark all that apply) <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> other (describe) _____ <input type="checkbox"/> When could you begin? _____ (mo/day/yr)
3. When are you available to volunteer? <input type="checkbox"/> Day <input type="checkbox"/> Weekends <input type="checkbox"/> Specific Times _____ <input type="checkbox"/> Evening <input type="checkbox"/> I'm flexible	

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

Organization: _____	Supervisor Name: _____
Supervisor Phone #: _____	Supervisor Email Address: _____
<input type="checkbox"/> Paid or <input type="checkbox"/> Volunteer	Role/Duties: _____
Organization: _____	Supervisor Name and Phone #: _____
<input type="checkbox"/> Paid or <input type="checkbox"/> Volunteer	Role/Duties: _____

F. REFERENCES

1.	_____	_____	_____	_____
	(Name)	(Phone: Day & Night)	(Email)	(Relationship)
	_____	_____	_____	_____
	(Street, Route, Box, Apt#)	(City)	(State)	(Zip)
2.	_____	_____	_____	_____
	(Name)	(Phone: Day & Night)	(Email)	(Relationship)
	_____	_____	_____	_____
	(Street, Route, Box, Apt#)	(City)	(State)	(Zip)
3.	_____	_____	_____	_____
	(Name)	(Phone: Day & Night)	(Email)	(Relationship)
	_____	_____	_____	_____
	(Street, Route, Box, Apt#)	(City)	(State)	(Zip)

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

Do you have a current and valid driver's license?	Yes	No
If yes, issued in the state of _____	<input type="checkbox"/>	<input type="checkbox"/>
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. VOLUNTARY DISCLOSURE

This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does not automatically exclude you from volunteering for Virginia Cooperative Extension programs.

Have you ever had any criminal convictions including moving traffic violations? 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. Age:

<18

18-64

65+

2. Race:

White

African American

American Indian

Hispanic

Asian

Multi-Racial

3. I Live (check one)

On a farm

Rural area or town under 10,000

Town or city of 10,000 to 50,000

Suburb or city over 50,000

City over 50,000

4. Highest level of education: _____

J. MEDIA RELEASE STATEMENT

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CAL S) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

PLEASE INITIAL: Yes _____ No _____

K. ENROLLMENT/AGREEMENT

I am volunteering my time to further the educational purposes of Virginia Cooperative Extension (VCE). I agree to abide by all policies and procedures of VCE. I understand that VCE programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status or any other basis protected by the law. An equal opportunity/affirmative action 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

Printed Name

Sign 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

Date (mo/day/yr)