



Start date: _____

Volunteer Application

Personal Information:

Name: _____ Birthdate: _____

Address: _____

Phone: (Home): _____ (Cell): _____ (Work): _____

Email: _____

Retired? _____ Congregation (optional): _____

How did you hear about the Shepherd's Center of Northern Virginia? _____

Are you a Veteran? **Yes / No** Branch _____ Rank _____

Years of Service _____

Volunteer Interests (check all that apply):

<u>Services</u>	<u>Office</u>	<u>Programs/Committees</u>
<input type="checkbox"/> Medical driver	<input type="checkbox"/> Office phone assistance	<input type="checkbox"/> Education planning
<input type="checkbox"/> Companion driver	<input type="checkbox"/> Office computer assistance	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Friendly visitor	<input type="checkbox"/> Mailings	
<input type="checkbox"/> Friendly caller	<input type="checkbox"/> Publicity	<input type="checkbox"/> Special events
<input type="checkbox"/> Handy helper	<input type="checkbox"/> Website maintenance	<input type="checkbox"/> Advocacy
<input type="checkbox"/> Computer/assist		<input type="checkbox"/> Grant Assistance/ Writing
<input type="checkbox"/> Health/wellness		<input type="checkbox"/> Board of Directors
		<input type="checkbox"/> Senior socials

Availability Preference: Please check all that apply.

I can volunteer: once a week more than once a week as needed.

Other: _____

Matching Information:

General interests, skills, volunteer experience, languages, and hobbies: _____

Screening Information:

Have you ever been convicted for violation of any laws, traffic or otherwise? ____ Yes ____ No

If yes, please explain: _____

Please note a criminal record check will be done for prospective volunteers who will work directly with our clients.

Do you have any physical condition that may limit your volunteer activities? ____ Yes ____ No

If yes, please describe: _____

Do you have a valid driver’s license? ____ Yes ____ No

License number: _____ Expiration Date: _____

Insurance Company: _____ Policy Number: _____

Expiration Date: _____

Emergency Contact:

Name: _____ Phone: _____ Relation: _____

Address: _____

I understand and agree that my volunteer service is at will, which means that it is for no specified period and may be terminated by me or Shepherd’s Center serving Oakton-Vienna-Reston-Herndon at any time without prior notice, for any reason. I understand that misrepresentation or omission of facts may result in rejection of this application or termination. I hereby give my consent for the Shepherd’s Center to contact my references and conduct a background check.

Signature of Applicant

Date

Call Operations/ Volunteer Manager @ 703-281-5038 or office@scnova.org for questions.

<p>Please mail the completed form to:</p> <p>ATTN: Operations & Volunteer Manager Shepherd’s Center of Northern Virginia 541 Marshall Road, SW, Vienna VA 22180</p>
