

Gloucester Community Engagement and Public Information VOLUNTEER INFORMATION FORM

Name: _____

Date Form Completed: _____ Date of Birth: _____

Mailing Address: _____
Box/Street City State Zip

Physical (911) Address: _____
Box/Street City State Zip

Day Phone #: _____ Eve Phone #: _____

Cell Phone #: _____ E-mail: _____

Child(ren) Names: _____

Current Employer: _____ Phone Number: _____

Emergency Information

In the event of an emergency, notify the following:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Physician's Name: _____ Phone Number: _____

List any known **conditions/allergies** that we need to be aware of, or might assist us in an emergency:

List any special needs or accommodations:

Availability (please check all available times)

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M. Hours					
P.M. Hours					

Grade level preference: Any K 1 2 3 4 5 6 7 8 Special Needs Pre-School

Please fill out other side...

Please check the area(s) that you would prefer to volunteer below:

Occasional/One-Time

Ongoing/Regular

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> PTA Events | <input type="checkbox"/> School Special Events | <input type="checkbox"/> Tutor | <input type="checkbox"/> Social Media/Facebook |
| <input type="checkbox"/> Study Trip Chaperone | <input type="checkbox"/> Work at Home | <input type="checkbox"/> Classroom Assistant | <input type="checkbox"/> Library Assistant |
| <input type="checkbox"/> Bulletin Boards/Displays | <input type="checkbox"/> School Newsletter | <input type="checkbox"/> School Office Asst. | <input type="checkbox"/> PTA Council/Help |
| <input type="checkbox"/> Classroom Speaker | | <input type="checkbox"/> Copying Help | <input type="checkbox"/> Community Eng. Helper |
| <input type="checkbox"/> After School/Resource Period Enrichment Leader/Helper | | <input type="checkbox"/> Art | <input type="checkbox"/> Music <input type="checkbox"/> Special Needs <input type="checkbox"/> P.E. Helper |

Previous experiences working with children:

Special skills or interests (languages, hobbies, etc.): _____

Community affiliations (civic groups, churches, etc.) _____

Volunteer References

1. Name: _____ Relationship to you: _____
 Phone: _____ E-mail: _____

2. Name: _____ Relationship to you: _____
 Phone: _____ E-mail: _____

Are you interested in teaching/leading or assisting in an after school/resource enrichment activity/class?
 Yes No Need more info

Prior or Pending Criminal Convictions or Charges (please check any that apply):

I **HAVE NOT** been convicted of any crime(s), other than traffic tickets, nor am I the subject of any pending charge(s) or indictment(s) for a criminal offense within or outside the Commonwealth of Virginia.

I **HAVE BEEN** convicted of a crime(s) and/or I am currently the subject of pending charges for a criminal offense within or outside the Commonwealth of Virginia. Please describe the crime(s), date of conviction(s) and jurisdiction(s) of conviction(s) on a separate sheet of paper and attach.

I **AM CURRENTLY UNDER INVESTIGATION** for, or have been the subject of, a founded child abuse or neglect I understand that any conviction or offense disclosed herein or discovered in the criminal history background check will be reviewed before I can be placed in a volunteer position and that I will be notified by letter if volunteer placement is not recommended. I understand that false or misleading information given in my volunteer information form may prevent or terminate my volunteer placement.

I understand that I am required to abide by all applicable rules and regulations of the County of Gloucester and the specific agency served. I also understand that I am required to notify the Gloucester County Human Resources Department within 24 hours of the time that I am notified, or am aware, that I am the subject of a criminal investigation by law enforcement or a child protective services investigation by any Department of Social Services complaint. Please describe the date(s) and jurisdiction(s) of the founded complaint on a separate sheet of paper and attach.

Signature of Volunteer

Date

For Official Use Only

Date Central Registry Release of Information Submitted _____

Received _____

Date National Background Check Submitted _____

Received _____

Date Code Received _____ Code: ()

Orientation Date: _____

Form Updated: 10/2019