



## Office on Youth Volunteer Contact Information

(Kept on file by program coordinator)



Name \_\_\_\_\_

Home phone \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Please list two emergency contacts:

	Emergency Contact #1	Emergency Contact #2
Name		
Address		
City/State		
Phone		
Relationship		

Are there any medical concerns we need to be aware of? \_\_\_\_\_

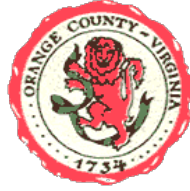
\_\_\_\_\_

In the event the participant whose name appears above becomes sick or injured the emergency contacts will be notified immediately. However, if the participant requires emergency medical treatment, the staff & volunteers of the Orange County Office on Youth is hereby authorized to obtain treatment of the participant by qualified personnel and if circumstances warrant, to allow the transportation of the participant to a hospital. It is understood that this authorization covers only those situations that are true emergencies and the participant cannot make that decision on their own. The person whose signature appears below agrees and understands that he/she will be fully responsible for any medical costs incurred by participant, or on behalf of participant. Orange County Office on Youth/County of Orange does not provide any sort of medical insurance or medical bill expense reimbursement or payment, for or on behalf of any participant. It is also understood that a photocopy of this authorization will be as valid as the original.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# ORANGE COUNTY, VIRGINIA



*Volunteer*

*Application*

Date \_\_\_\_\_

Activity \_\_\_\_\_

## ***POSITION INFORMATION:***

Position Desired:

\_\_\_ Breakfast Buddies    \_\_\_ Project Excel    \_\_\_ After Prom    \_\_\_ Other \_\_\_\_\_

## ***BACKGROUND CHECK INFORMATION:***

Full Legal Name \_\_\_\_\_

Other Names You Have Used (Maiden, Alias, etc.) \_\_\_\_\_

\_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address (*where you actually live*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Previous Address (List all addresses for past 5 years, use extra paper if necessary)

\_\_\_\_\_

\_\_\_\_\_

## ***CONTACT INFORMATION:***

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Present Employer \_\_\_\_\_ Phone \_\_\_\_\_

Work Address \_\_\_\_\_

***PERSONAL HISTORY:***

Have you ever been arrested, charged or convicted of a crime? (including any traffic infractions, other than parking tickets).     No     Yes

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had or do you currently have a problem with drugs and/or alcohol?

No     Yes                      If yes, please explain

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

What is your motivation for volunteering for this position? \_\_\_\_\_

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

List any training that you have completed that is related to this position. \_\_\_\_\_

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

Do you have automobile insurance?     Yes     No

Name of Company \_\_\_\_\_

**Volunteer Name** \_\_\_\_\_  
(Please Print)

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

I understand and agree that:

1. Orange County can deny any applicant for any reason or no reason at all.
2. This application is valid for one (1) year and a new application must be completed each year.
3. By submitting this application, I, the applicant, affirm that all of the foregoing information that I have provided is true and correct.
4. By submitting this application, I, the applicant, agree (in return for being permitted to volunteer) that, if any of the information provided is found to be incorrect or untrue, I may be removed as a volunteer at any time.
5. By submitting this application, I, the applicant, voluntarily waive my right to privacy to the extent necessary for Orange County to verify this information through any reasonable means, but not limited to local, state, national, and international background checks and to inform those persons within the organizations who are responsible for accepting and/or supervising volunteers of the relevant information regarding me.

**CERTIFICATION AND CONSENT TO RELEASE OF INFORMATION**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.1-382 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services or organizations, including but not limited to, law enforcement information which is related to any disposition of Founded Child Abuse/Neglect in which I am identified as responsible for such abuse/neglect.

Signature \_\_\_\_\_

**Office Use Only:**

Date received: \_\_\_\_\_

Date Sent to SSCI \_\_\_\_\_

Date CHC returned \_\_\_\_\_

Date Recorded \_\_\_\_\_

**SWORN STATEMENT OR AFFIRMATION FOR VOLUNTEERS**

Please Print

Last Name	First	Middle	Maiden	Social Security Number
Current Mailing Address				
Street, P.O. Box #, Apt. #		City	State	Zip Code
Orange County Office on Youth - 146 Madison Road Suite 205 Orange, VA 22960				
Name of Licensed/Registered				
Street, P.O. Box #, Apt. #		City	State	Zip Code
Approved Facility/Provider				

**Please respond to all four (4) questions below:**

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia?

Yes (convicted in Virginia)       Yes (pending in Virginia)       No

If yes to convicted or pending, specify crime(s): \_\_\_\_\_

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia?

Yes (convicted in Virginia)       Yes (pending in Virginia)       No

If yes to convicted or pending, specify crime(s): \_\_\_\_\_

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia?

Yes (convicted in Virginia)       Yes (pending in Virginia)       No

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia?

Yes (convicted in Virginia)       Yes (pending in Virginia)       No

If yes, specify state, or other location: \_\_\_\_\_

**I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date