ORANGE COUNTY, VIRGINIA

Volunteer *Application*

Date _____ Activity _____

POSITION INFORMATION:

Position Desired:

___ Coach ___ Asst. Coach ___ Official ___ OOY ___ 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. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature _____

CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, 20_____

_____
Notary Public Signature

My Commission Expires: _____

Office Use Only:

Date received: _____ Date Sent to SSCI _____

Date CHC returned _____ Date Recorded _____