

City of Hopewell Office on Youth Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Phone	
E-Mail Address	

General Information

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	___ / ___ / ___
Occupation	
Employer	

Does your employer encourage you to volunteer, provide you with volunteer hours/days, and/or match volunteer hours? _____ Yes _____ No

Availability

During which hours are you available for volunteer assignments? Please select all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

How often would you like to volunteer?

___ 2-3 week ___ once a week ___ once a month ___ special events

Are you volunteering to fulfill community service hours for school or a court order? _____ Yes or _____ No

If yes, please share how many hours are required _____

Interests

Tell us in which areas you are interested in volunteering

- ___ Administration
- ___ Communication (Newsletter, Social Media, etc.)
- ___ Direct program support (Mentoring, Tutoring, etc.)
- ___ Research
- ___ Special Events
- ___ Volunteer coordination
- ___ Other: _____

Special Skills or Qualifications

Briefly summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Briefly summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Phone	
Relationship	

Agreement and Signature

By submitting this application, I affirm the facts set forth in it are true and complete. I understand if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

I understand in order to work directly with youth, I must submit to and pass a criminal background check.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of the Office on Youth to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please complete this application and 1) submit electronically, 2) email to Sebanks@hopewellva.gov or 3) mail to: Office on Youth, 300 N Main Street, Suite 216, Hopewell, VA 23860