

Master Food Volunteer Application

A. GENERAL INFORMATION *(please print)*

Name _____ (LAST) (MIDDLE INITIAL) (FIRST)
Mailing Address _____ (STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)
Residence _____ (Physical location if different than mailing address)
Date of Birth: _____

B. CONTACT INFORMATION

Phone: Daytime: (____) _____ FAX: (____) _____
Evening: (____) _____ E-mail: _____
Best time to call: Morning Afternoon Evening
Emergency Contact Name: _____
Phone: (____) _____ Day: (____) _____ Evening: (____) _____

C. VOLUNTEER POSITION

1. Describe your skills, abilities, and hobbies, as related to this volunteer position: _____ _____
2. Describe your training, formal education, licenses/certification and experience working with different age groups or targeted clientele related to this position: _____ _____
3. Language(s) spoken other than English: _____

Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer.

D. AVAILABILITY

For what length of time are you willing to volunteer? Over what time period? (Mark all that apply)

Hours per week (please specify) _____ 3 months 6 months 1 year

Hours per month (please specify) _____

Negotiable (please specify) _____ Other (describe) _____

When are you available to volunteer?

Day Weekends Specific Times: _____

Evening I'm flexible

E. REFERENCES

1. _____
(Name) (Phone: Day & Night) (Relationship)

(Street, Route, Box, Apt#) (City) (State) (Zip)

2. _____
(Name) (Phone: Day & Night) (Relationship)

(Street, Route, Box, Apt#) (City) (State) (Zip)

3. _____
(Name) (Phone: Day & Night) (Relationship)

(Street, Route, Box, Apt#) (City) (State) (Zip)

F. DRIVING INFORMATION

Do you have a current and valid driver's license? Yes No

If yes, issued in the state of _____

Do you currently have the minimum vehicle insurance Yes No

coverage as required by the Commonwealth of Virginia?

G BACKGROUND INFORMATION

This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does not automatically exclude you from becoming a registered VCE volunteer.

- | | | |
|--|--------------------------|--------------------------|
| 1. Have you every had any criminal convictions related to: | Yes | No |
| a. alcohol or drug abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. child abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. spousal abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. elder abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> |

2. Have you ever been convicted of any violation(s) of the law?

3. If volunteering for a position that requires the operation of a vehicle, have you ever been convicted of any moving traffic violations within the last 5 years?

If "yes" to any of the above, please describe:

I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service of VCE.

Signature, Volunteer Applicant

Date (mo/day/yr)

H. ENROLLMENT/AGREEMENT

- I agree to abide by all policies and procedures of Virginia Cooperative Extension (VCE)
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. VCE is an equal opportunity employer. I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Signature, Volunteer Applicant

Date (mo/day/yr)

FOR OFFICE USE ONLY

Date Volunteer Application received by VCE: _____

This applicant: (pick one)

- Met qualifications for volunteer position
- Did not meet qualifications for volunteer position
- Other: _____

Signature, VCE Representative