



VOLUNTEER APPLICATION
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

MAILING ADDRESS:
Human Resources Department
P.O. Box 90775
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Henrico, Virginia 23273-0775
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Please use ink or typewriter
www.co.henrico.va.us/hr/volunteer

Our Volunteers Are As Good As Gold!

**COUNTY OF HENRICO, VA
GENERAL GOVERNMENT**

Date: _____

Position applying for: _____ Department: _____
Position applying for: _____ Department: _____
Position applying for: _____ Department: _____
Position applying for: _____ Department: _____

PERSONAL INFORMATION

Name Mr. _____
 Ms. First Middle Last

Present Address _____
Street City State Zip Code

Phone number (Home) _____ (Business) _____ (Emergency) _____

Are you a current Henrico County employee or Yes
have you worked for Henrico County in the past? No If so, when _____ What department _____

Your name when employed _____ Please list any relatives
(if different from present name) _____ employed by the County _____

Do you have a valid Yes No driver's license? Issuing State _____
Chauffeur's Yes No Endorsement? License I.D. Number _____
Expiration date _____

Have you been **felony?** Yes No **misdemeanor?** Yes No **major traffic infraction** (moving violation)? Yes No
If yes, please explain and give dates _____

EDUCATION HISTORY

Name and location of last elementary, junior high or high school attended:

Name of School _____ Location _____ Highest Grade Completed _____ Date Completed _____

If you did not graduate from high school, do you have a high school equivalency diploma? Yes No Date Received _____ Where Received _____

NAME AND ADDRESS	Dates Attended		Semester, Quarter or Clock Hours	Mo./Yr. of Degree or Certificate	Type of Degree (B.A., etc.) or Certificate	Major and Minor Fields of Study
	From Mo./Yr	To Mo./Yr				
College						
Graduate Work						
Other (i.e., business, secretarial, vocational, technical, military, etc.)						

Please list professional memberships, certificates, licenses, honors, fellowships, etc. _____

REFERENCES

Please list two persons, other than relatives or former employers, who know your qualifications or who know your character.

Name _____ Address _____ City, State, and Zip Code _____ Phone No. _____
Name _____ Address _____ City, State, and Zip Code _____ Phone No. _____

Specific: (if advertised on Volunteer Opportunities list)

Title: _____

Department: _____

Title: _____

Department: _____

General Position(s) Applied For:

(indicate areas of interest from list below)

WORK EXPERIENCE: (Use additional sheet if necessary)

Briefly describe your current and/or past work experience (duties and responsibilities).

VOLUNTEER INFORMATION: (Please list any volunteer experience.)

Agency	Title	Duties	Length of Service
_____	_____	_____	_____
_____	_____	_____	_____

Please describe any specific skills/interests/talents/hobbies you possess:

PLEASE WRITE IN HOURS OF YOUR AVAILABILITY:

Hours Available	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning							
Afternoon							
Evening							

How did you hear about our Volunteer Program, and why would you like to be involved in this effort:

AREA(S) OF INTEREST: (Check the appropriate skills)

_____	Arts and Crafts	_____	Painting
_____	Carpentry	_____	Photography
_____	Child Care	_____	Planning
_____	Clerical/Office	_____	Research
_____	Communication/ Public Speaking	_____	Special Programs - Sharing Experiences, Talents, Hobbies
_____	Counseling/Companionship	_____	Sports/Recreation
_____	Drafting	_____	Library Assistance
_____	Education - Training Clients	_____	Teaching/Tutoring
_____	Engineering	_____	Technical Writer
_____	Environment/Conservation	_____	Tour Guides
_____	Health Care	_____	Transporting
_____	Officiating Games	_____	Other (Please describe)
_____	Mechanics	_____	_____

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with the County of Henrico.

RELEASE CLAUSE:

During such times as I am a participant in the County of Henrico Volunteer Services Program, I agree to assume full responsibility for such participation and release the County of Henrico from any damages which I may sustain thereby. I fully understand that if my services are no longer needed, or my performance is not acceptable, the County has the right to terminate my services as required and without notice.

Signature of volunteer applicant: _____ Date: _____ Date of Birth (if under 18): _____

If volunteer applicant is under 18 years of age, a parent / guardian must sign below.

Parent / Guardian signature: _____ Date: _____ Telephone: _____

In case of emergency, please contact: _____ Phone #: _____