

# Gloucester Community Engagement

## VOLUNTEER INFORMATION FORM

Name: \_\_\_\_\_

Date Form Completed: \_\_\_\_\_ Month/Day of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Box/Street City State Zip

Physical (911) Address: \_\_\_\_\_  
Box/Street City State Zip

Day Phone #: \_\_\_\_\_ Eve Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Child(ren) Names: \_\_\_\_\_

### Emergency Information

In the event of an emergency, notify the following:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any known **conditions/allergies** that we need to be aware of, or might assist us in an emergency:

List any special needs or accommodations:

### Availability (please check all available times)

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M. Hours					
P.M. Hours					

Grade level preference: Any   K   1   2   3   4   5   6   7   8   Special Needs   Pre-School

                                     

Please fill out other side...

**Please check the area(s) that you would prefer to volunteer below:**

**Occasional/One-Time**

- PTA Events
- School Special Events
- Study Trip Chaperone
- Work at Home
- Bulletin Boards/Displays
- School Newsletter
- Classroom Speaker
- After School/Resource Period Enrichment Leader/Helper

**Ongoing/Regular**

- Tutor
- Social Media/Facebook
- Classroom Assistant
- Library Assistant
- School Office Asst.
- PTA Council/Help
- Copying Help
- Community Eng. Helper
- Art
- Music
- Special Needs
- P.E. Helper

Previous experiences working with children/volunteering/employment/education:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special skills or interests (languages, hobbies, etc.): \_\_\_\_\_

Community affiliations (civic groups, churches, etc.) \_\_\_\_\_

**Volunteer References**

1. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Are you interested in teaching/leading or assisting in an after school/resource enrichment activity/class?  
 Yes                                      No                                      Need more info

**Prior or Pending Criminal Convictions or Charges (please check any that apply):**

I **HAVE NOT** been convicted of any crime(s), other than traffic tickets, nor am I the subject of any pending charge(s) or indictment(s) for a criminal offense within or outside the Commonwealth of Virginia.

I **HAVE BEEN** convicted of a crime(s) and/or I am currently the subject of pending charges for a criminal offense within or outside the Commonwealth of Virginia. Please describe the crime(s), date of conviction(s) and jurisdiction(s) of conviction(s) on a separate sheet of paper and attach.

I **AM CURRENTLY UNDER INVESTIGATION** for, or have been the subject of, a founded child abuse or neglect I understand that any conviction or offense disclosed herein or discovered in the criminal history background check will be reviewed before I can be placed in a volunteer position and that I will be notified by letter if volunteer placement is not recommended. I understand that false or misleading information given in my volunteer information form may prevent or terminate my volunteer placement.

*I understand that I am required to abide by all applicable rules and regulations of the County of Gloucester and the specific agency served. I also understand that I am required to notify the Gloucester County Human Resources Department within 24 hours of the time that I am notified, or am aware, that I am the subject of a criminal investigation by law enforcement or a child protective services investigation by any Department of Social Services complaint. Please describe the date(s) and jurisdiction(s) of the founded complaint on a separate sheet of paper and attach.*

\_\_\_\_\_  
**Signature of Volunteer**

\_\_\_\_\_  
**Date**

**For Official Use Only**

Date Central Registry Release of Information Submitted \_\_\_\_\_

Received \_\_\_\_\_

Date National Background Check Submitted \_\_\_\_\_

Received \_\_\_\_\_

Date Code Received \_\_\_\_\_ Code:

Orientation Date: \_\_\_\_\_

Form Updated: 10/2019