



Volunteer Application 2021

Personal Information:

Name: _____ Birthdate: _____

Address: _____

Phone: (Home): _____ (Cell): _____ (Work): _____

Email: _____

Current/ Former Employer: _____ Retired? ___ Congregation (optional): _____

How did you hear about the Shepherd's Center of Northern Virginia? _____

Are you a Veteran? ___ **Yes** ___ **No** Branch _____ Rank _____

Years of Service _____ Ethnicity (Optional): _____

Volunteer Interests (check all that apply):

- | <u>Services</u> | <u>Office</u> | <u>Programs/Committees</u> |
|---|---|---|
| <input type="checkbox"/> Medical driver | <input type="checkbox"/> Office phone assistance | <input type="checkbox"/> Education planning |
| <input type="checkbox"/> Companion driver | <input type="checkbox"/> Office computer assistance | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Friendly visitor | <input type="checkbox"/> Mailings | <input type="checkbox"/> Trip planning |
| <input type="checkbox"/> Friendly caller | <input type="checkbox"/> Publicity | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Handy helper | <input type="checkbox"/> Website maintenance | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Computer/assist | | <input type="checkbox"/> Grant Research/ Assistance |
| <input type="checkbox"/> Health/wellness | | <input type="checkbox"/> Board of Directors |
| | | <input type="checkbox"/> Senior socials |

Availability Preference: Please check all that apply.

TIME/DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
MORNING						
AFTERNOON						

I can volunteer: ___ once a week ___ more than once a week ___ as needed

Other: _____

Matching Information:

General interests, skills, volunteer experience, languages, and hobbies: _____

Screening Information:

Have you ever been convicted for violation of any laws, traffic or otherwise? ____ Yes ____ No

If yes, please explain: _____

Please note a criminal record check will be done for prospective volunteers who will work directly with our clients.

Do you have any physical condition that may limit your volunteer activities? ____ Yes ____ No

If yes, please describe: _____

Do you have a valid driver’s license? ____ Yes ____ No

License number: _____ Expiration Date: _____

Insurance Company: _____ Policy Number: _____

Expiration Date: _____

Emergency Contact:

Name: _____ Phone: _____ Relation: _____

Address: _____

References:

Please list two people we may contact who are not **family members**. (You may include employers, teachers, religious leaders, etc.)

Name: _____ Phone: _____ Relation: _____

Address: _____

Name: _____ Phone: _____ Relation: _____

Address: _____

I understand and agree that my volunteer service is at will, which means that it is for no specified period and may be terminated by me or Shepherd’s Center of Northern Virginia at any time without prior notice, for any reason. I understand that misrepresentation or omission of facts may result in rejection of this application or termination. I hereby give my consent for the Shepherd’s Center to contact my references and conduct a background check.

Signature of Applicant

Date

Call Operations/ Volunteer Mgr Erin O’Reilly @ 703-281-0538 or office@scnova.org for questions.

Please mail completed form to:
ATTN: Erin O’Reilly
Shepherd’s Center of Northern Virginia
541 Marshall Road, SW, Vienna VA 22180