

Fairfax County Department of Neighborhood and Community Services

12011 Government Center Parkway, Tenth Floor

Fairfax, VA 22035-1115

Phone: 703-324-4600, TTY 711

www.fairfaxcounty.gov/ncs

General Volunteer Application *(page 1 of 2)*

| Personal Information | | | | |
|--|-----------|---|---------------------|--------------------------|
| Last Name | | First Name | | Middle Initial |
| Male / Female | Ethnicity | | Date of Birth | |
| Current Street Address | | | | |
| City | | State | Zip Code | |
| E-Mail Address: | | Do you check your e-mail daily? Yes No | | |
| Day Phone: | | The best time to contact you: Days or Evenings | | |
| Evening Phone: | | | | |
| How did you hear about our volunteer program? <i>(Please Circle One)</i> | | | | |
| Walk-in | Media | Friend | School | Web Page Other: _____ |
| Work Experience (if applicable) | | | | |
| Current Job Title | | | Dates of Employment | |
| Employer's Name | | | Address | |
| City/State/Zip Code | | | Phone | |
| Previous Job Title | | | Dates of Employment | |
| Employer's Name | | | Address | |
| City/State/Zip Code | | | Phone | |
| Education | | | | |
| College/University | | | | City/State |
| Is this for an internship? | | Yes | No | |
| Circle Grades Completed | | 9 | 10 | 11 12 |
| List any hobbies, groups or activities in which you participate: | | | | |

Volunteer Experience

List previous Volunteer Experiences:

Briefly state why you would like to volunteer:

Areas of volunteer interest: *(Please Circle One)*

Athletic Services Community Centers Computer Clubhouse Seniors Therapeutic Recreation Teens Virginia Cooperative Extension

Special Skills

On the attached list, check any special **skill** you possess or **language** in which you are fluent that would be an asset to the volunteer program.

Availability

Indicate times available for work

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

When are you available to start as a volunteer:

Contact Information

Parent or Guardian Name (if under 18):

Relationship:

Phone:

All volunteers - In case of emergency, contact:

Relationship:

Day Phone:

Evening Phone:

References

1. Name:

Relationship:

Phone:

Address:

2. Name:

Relationship:

Phone:

Address:

General Volunteer Applicant Statement

I hereby consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs and digital images, to include videos, which have been taken of me. I understand I will receive no remuneration for allowing pictures of me to be taken for any purpose whatsoever. All films, digital photograph files, and videotapes shall be your property, solely and completely.

If I am accepted into the NCS volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of the program and that I commit to volunteer regularly for the specified duration of the selected program or as agreed upon with ncs staff.

Signature:

Date:

FOR CENTER/PROGRAM USE ONLY:

Volunteer Start Date

Volunteer Position

T-Shirt Size (Circle One)

Small Medium Large Extra Large