

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) | | |

B. CONTACT INFORMATION

| | | | |
|---------------------------|----------------------------------|------------------------------------|----------------------------------|
| Phone: Daytime: () _____ | FAX: () _____ | | |
| Evening: () _____ | E-mail: () _____ | | |
| Best time to call: | <input type="checkbox"/> Morning | <input type="checkbox"/> Afternoon | <input type="checkbox"/> 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: _____ |

D. AVAILABILITY

| | |
|------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| For what length of time are you willing to volunteer? | Over what time period? (mark all that apply) |
| <input type="checkbox"/> Hours per week (please specify) _____ | <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year |
| <input type="checkbox"/> Hours per month (please specify) _____ | |
| <input type="checkbox"/> Negotiable (please specify) _____ | <input type="checkbox"/> Other (describe) _____ |
| When are you available to volunteer? | |
| <input type="checkbox"/> Day <input type="checkbox"/> Weekends | Specific Times _____ |
| <input type="checkbox"/> Evening <input type="checkbox"/> 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 _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia? | <input type="checkbox"/> | <input type="checkbox"/> |

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 ever 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. If volunteering for a position that requires the operation of a vehicle, have you been convicted of any moving traffic violations within the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |

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, VCE Volunteer

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

Date (mo/day/year)