

Cerebral Palsy of Virginia
Application for Volunteer Services

Name: _____ Date: _____

Nickname/Name Preference: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Work _____ Fax _____

E-mail: _____

Birth date: _____

Please indicate your general area of interest:

_____ Art Works

_____ Adult Day Social & Recreation Program (Tuesday & Thursday)

_____ Weekend Social & Recreation Program for Children and Adults

_____ Summer Camp Enrichment Program

_____ Speaker's Bureau Volunteer

_____ United Way Campaign Volunteer (September through November)

_____ Office (mailings, data entry etc.)

Special Events

_____ Annual Run For The Roses Gala & Auction

_____ Annual Golf Tournament

_____ Annual 5K Run & Walk-A-Thon

_____ Annual Brews Band BBQ & Oysters Too!

Times Available

Mornings: _____ 10AM – 12 PM _____ 10AM – 1PM

Afternoons: _____ 1PM – 4PM _____ 1PM – 5PM

Evenings: _____ Flexible for activities

Weekends: _____ Flexible for activities

Days available: ___Monday___Tuesday___Wednesday___Thursday___Friday

Employment: List two (2) most recent employers

(1) Name: _____
Address: _____
Phone: _____ Position: _____
Employment Date: From _____ To _____
Supervisor's Name _____

(2) Name: _____
Address: _____
Phone: _____ Position: _____
Employment Date: From _____ To _____
Supervisor's Name _____

Personal References:

(1) Name _____
Address _____
Phone _____ Relationship _____

(2) Name _____
Address _____
Phone _____ Relationship _____

Do you type or have computer experience? ____ Yes ____ No

What type of Software do you use: _____

Why have you chosen to Volunteer at Cerebral Palsy of Virginia?

How did you learn about the Volunteer Service Program at Cerebral Palsy of Virginia?

Education: _____ High School Trade/Technical School _____
 _____ College Degree/Major: _____

Have you ever been convicted of a felony? _____ Yes _____ No

Conviction of a felony will not be an automatic or absolute bar from volunteering at Cerebral Palsy of Virginia. Any conviction will be considered in relation to specific job requirements.

Have you been referred by the court systems for community service?

_____ Yes _____ No

If yes, please explain:

Failure to provide information regarding court ordered community service will result in immediate termination.

In case of emergency, please notify _____

Phone Number: _____

Confidentiality Statement

I understand any information I see or hear about consumers and employees is confidential and must not be repeated outside Cerebral Palsy of Virginia or to other volunteers.

Failure to abide by the Confidentiality Statement will result in immediate termination.

Signature of Applicant

Date

Cerebral Palsy of Virginia considers all volunteers without regard to race, color, sex, religion, age, national origin, marital status, disability or veteran status.
