# Extension Educational Programs

Publication 490-801 Revised 2014

## Volunteer Application/Enrollment Long Form VA-114

When applying for a volunteer role, complete sections A through I. After acceptance, read and sign section J.

	me:	FIRST		MI
Mai	iling Address:(STREET, BOX, ROUTE, APT #)	CITY	STATE	ZIP
	sidence:(Physic			<del>-</del> "
	(Physic	al location if different than mailing address)		
Ηον	w long at this address:	Date of E	Birth:	
C	ONTACT INFORMATION			
Pho	one: Daytime: ()	FAX: (	)	
	Evening: ()	E-mail:		
D				
Bes	st time to call:   Morning   Afternoon	Evening		
Em	ergency Contact: Name			
Pho	one: Daytime: ()	EVENING: (_	)	
<b>V</b> (	OLUNTEER POSITION  In which volunteer positions are you interest.			
2.	With which groups do you prefer to work?			
	Age: ☐ Youth ☐ Adults ☐ Either	•	•	
	Gender: ☐ Males ☐ Females ☐ Eit	ner	8 □ over 18	
3.	Describe your skills, abilities, and hobbies	, as related to this volunteer posi	tion	
		icenses/certification and experier	saa warkina with	different age

www.ext.vt.edu

### D. AVAILABILITY

When could you begin? (mo/day/yr)  3. When are you available to volunteer?   Day	hours per week(please specify							
hours per month (please specify)	hours per month (please specify)		-	•			od? (mark all tha	at apply)
negotiable (please specify)	negotiable (please specify)							
Other (describe)	Other (describe)					hs		
When could you begin? (mo/day/yr) 3. When are you available to volunteer?   Day   Weekends   Specific Times     Evening   I'm flexible      EMPLOYMENT/VOLUNTEER EXPERIENCE (supervisor may be contacted)  Organization:   Supervisor Name and Phone #:     Paid or   Volunteer   Role/Duties:     Paid or   Volunteer   Role/Duties:     Paid or   Volunteer   Role/Duties:     REFERENCES  1.   (Name)   (Phone: Day & Night)   (Relationship)     (Street, Route, Box, Apt#)   (City)   (State)   (Zip)     2.   (Name)   (Phone: Day & Night)   (Relationship)     (Relationship)   (Relationship)	When could you begin?	∐ neg	gotiable (please specify)		•			
3. When are you available to volunteer?  Day   Weekends   Specific Times   EVENING   I'm flexible  EMPLOYMENT/VOLUNTEER EXPERIENCE (supervisor may be contacted)  Organization:   Supervisor Name and Phone #:   Paid or   Volunteer   Role/Duties:	3. When are you available to volunteer?    Day							
Day   Weekends   Specific Times     Evening   I'm flexible	Day	_		_	_ When	could you b	pegin?	_ (mo/day/yr)
Evening   I'm flexible    EMPLOYMENT/VOLUNTEER EXPERIENCE (supervisor may be contacted)    Organization:	□ Evening □ I'm flexible  EMPLOYMENT/VOLUNTEER EXPERIENCE (supervisor may be contacted)  Organization:							
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Paid or Volunteer Role/Duties:  REFERENCES  1	Paid or   Volunteer   Role/Duties:							
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REFERENCES  1	REFERENCES	Organiz	ation:	Super	visor Name an	d Phone #:		
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(Name) (Phone: Day & Night) (Relationship)					(City)		(State)	(Zip)
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(Street, Route, Box, Apt#) (City) (State) (Zip)	. DRIVING INFORMATION (Complete only if applying for a position which requires ariving)	. DRIVII		only if applying fo	or a position wi	hich require	es driving)	
(Street, Route, Box, Apt#) (City) (State) (Zip)  I. DRIVING INFORMATION (Complete only if applying for a position which requires driving)		. DRIVII		only if applying fo	•		es driving)	
(Street, Route, Box, Apt#) (City) (State) (Zip)  DRIVING INFORMATION (Complete only if applying for a position which requires driving)  Yes No	Yes No		NG INFORMATION (Complete		•		es driving)	
(Street, Route, Box, Apt#)  (City)  (State)  (Zip)  Pres No  Do you have a current and valid driver's license?	Yes No Do you have a current and valid driver's license?	Do yo	NG INFORMATION (Complete	ver's license?	•		es driving)	
(Street, Route, Box, Apt#)  (City)  (State)  (Zip)  (DRIVING INFORMATION (Complete only if applying for a position which requires driving)  Yes No  Do you have a current and valid driver's license?	Yes No  Do you have a current and valid driver's license?  If yes, issued in the state of	Do yo	NG INFORMATION (Complete ou have a current and valid drivers, issued in the state of	ver's license?	Yes		es driving)	
(Street, Route, Box, Apt#)  (City)  (State)  (Zip)  PRIVING INFORMATION (Complete only if applying for a position which requires driving)  Yes No  Do you have a current and valid driver's license?  If yes, issued in the state of  Do you have a current commercial driver's license (CDL)?	Yes No Do you have a current and valid driver's license?  If yes, issued in the state of  Do you have a current commercial driver's license (CDL)?	Do yo If yes Do yo	ou have a current and valid drives, issued in the state of	ver's license? 	Yes		es driving)	
(Street, Route, Box, Apt#)  (City)  (State)  (Zip)  DRIVING INFORMATION (Complete only if applying for a position which requires driving)  Yes No  Do you have a current and valid driver's license?	Yes No Do you have a current and valid driver's license?  If yes, issued in the state of  Do you have a current commercial driver's license (CDL)?  Do you currently have the minimum vehicle insurance	Do yo If yes Do yo	ou have a current and valid drives, issued in the state of	ver's license?  driver's license (Cl	Yes  DL)?		es driving)	

#### H. BACKGROUND INFORMATION

(This information will be kept in a confidential manner and acce A "yes" answer does <b>not</b> automatically exclude you from become	-		
Have you ever had any <b>criminal convictions</b> related to:	illing a rog.	310100 102 13.	unteor.)
1. Have you ever had any eliminal controllers to allow to	Yes	No	
a. alcohol or drug abuse?			
b. child abuse or neglect?			
c. spousal abuse?			
d. elder abuse or neglect?			
2. Have you ever been convicted			
of any violation(s) of law?			
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?			
If "yes" to any of the above, please describe.			
any time during the application process or during volunteer ser			
Signature, Volunteer Applicant			Date (mo/day/yr)
DEMOGRAPHIC INFORMATION (For record keeping purpos			Date (mo/day/yr)
Signature, Volunteer Applicant			Date (mo/day/yr)
DEMOGRAPHIC INFORMATION (For record keeping purpos  1.Gender:   Female   Male  2. Race:	ees only)		Date (mo/day/yr)
DEMOGRAPHIC INFORMATION (For record keeping purpos  1.Gender: Female Male  2. Race: White 3. I Live (check one	ees only)		Date (mo/day/yr)
DEMOGRAPHIC INFORMATION (For record keeping purpos  1.Gender: Female Male  2. Race: White 3. I Live (check one African American On a farm	ses only)		Date (mo/day/yr)
DEMOGRAPHIC INFORMATION (For record keeping purposed)  1.Gender: Female Male  2. Race: Substitute Strict St	<i>es only)</i> ) own under	10,000	Date (mo/day/yr)
DEMOGRAPHIC INFORMATION (For record keeping purposed)  1.Gender: Female Male  2. Race: Substitute Strict St	ees only) ) own under 10,000 to	10,000 50,000	Date (mo/day/yr)
DEMOGRAPHIC INFORMATION (For record keeping purposed)  1.Gender: Female Male  2. Race: Suburb or city  African American Rural area or to Suburb or city	ees only)  own under 10,000 to over 50,00	10,000 50,000	Date (mo/day/yr)
DEMOGRAPHIC INFORMATION (For record keeping purposed)  1.Gender: Female Male  2. Race: Substitute Strict St	ees only)  own under 10,000 to over 50,00	10,000 50,000	Date (mo/day/yr)
DEMOGRAPHIC INFORMATION (For record keeping purposed)  1.Gender: Female Male  2. Race: Suburb or city  African American Rural area or to Suburb or city	own under 10,000 to over 50,00	10,000 50,000	Date (mo/day/yr)
DEMOGRAPHIC INFORMATION (For record keeping purposed)  1. Gender: Female Male  2. Race: Mhite Strican American On a farm Purposed African Indian Rural area or to Hispanic Town or city of Suburb or city Multi-Racial City over 50,000	own under 10,000 to over 50,00	10,000 50,000	Date (mo/day/yr)
DEMOGRAPHIC INFORMATION (For record keeping purposed)  1. Gender: Female Male  2. Race: Suburb or city of Suburb or city of Multi-Racial City over 50,000.	es only)  own under 10,000 to over 50,00	- 10,000 50,000	
DEMOGRAPHIC INFORMATION (For record keeping purposed)  1.Gender: Female Male  2. Race: Subhite	own under 10,000 to over 50,00	Extension (VCE	). to all, regardless
DEMOGRAPHIC INFORMATION (For record keeping purposed)  1. Gender: Female Male  2. Race: Suburb or city of Arican American Suburb or city of Asian Suburb or city of Multi-Racial City over 50,000  4. Highest level of education: ENROLLMENT/AGREEMENT  • I agree to abide by all policies and procedures of Virginia Cooperative Extension programs a of race, color, religion, sex, age, veteran status, national original cooperative Extension programs a of race, color, religion, sex, age, veteran status, national original cooperative Extension programs a of race, color, religion, sex, age, veteran status, national original cooperative Extension programs a of race, color, religion, sex, age, veteran status, national original cooperative Extension programs and procedures of Virginia Cooperative Extension programs and procedures of	own under 10,000 to over 50,00 operative End employ in, disabilit	Extension (VCE ment are open by, or political aff	). to all, regardless iliation. VCE is an equal

### FOR VCE INTERNAL USE ONLY

A. ACTION TAKEN	
Date Volunteer Application received by VCE	
This applicant: (pick one)  ☐ was assigned to	position on
<ul><li>☐ Met qualifications for position and was archived for future positions.</li><li>☐ Not offered position.</li></ul>	
Signature, VCE Representative	Date (mo/day/yr)
B. RE-ENROLLMENT	
☐ Re-enroll with no changes Date	
☐ Re-enroll with the following changes Date	
Signature, VCE Volunteer	Date (mo/day/yr)