



<u>Staff Use</u>
Orientation: _____
Level: _____

# Volunteer Application

Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Preferred method of contact (Circle One): Email      Phone Call

Circle days you are available:    Mon      Tue      Wed      Thurs      Fri      Sat      Sun

State the time(s) that you are available: \_\_\_\_\_

How frequently are you able to volunteer? (Circle One): Weekly/Recurring      Intermittently

How soon after training is complete are you able to begin volunteering? \_\_\_\_\_

How did you hear about Avalon?  
\_\_\_\_\_  
\_\_\_\_\_

What made you choose Avalon as a place you wanted to volunteer?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What types of volunteer opportunities are you interested in performing? (For example: child care, administrative assistance, life-skills classes, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your highest level of completed education? What was the focus of your study?  
\_\_\_\_\_

Please list your previous volunteer experience, including the organization and your position.

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Are you currently employed?  Yes  No If yes, what is the nature of your employment?

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Please list any previous employment experiences that are relevant to volunteering at Avalon.

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Have you ever been dismissed from a place of employment or volunteer position for misconduct or otherwise inappropriate behaviour?  Yes  No If yes, please explain.

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What are your hobbies, interests, and talents that can be incorporated into your volunteer experience at Avalon?

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Do you speak any foreign languages?  Yes  No If yes, what are they and what is your level of proficiency (verbal, reading, and writing)?

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Do you have any physical limitations that could prevent you from performing certain activities?

Yes  No If yes, please explain: \_\_\_\_\_

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Do you need to fulfill community service hours?  Yes  No If yes please explain:

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**Please provide a professional reference we can call on your behalf:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**In an emergency, notify:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

**Please check the following boxes as you see fit:**

- I give permission to Avalon to make a photocopy of my driver's license to use for identification and to perform a background check.
- I give permission to Avalon to perform a background check, and understand that its results may influence whether or not I am accepted into the volunteer program.
- I would like to be added to Avalon's e-mail mailing list, which will allow me to stay updated with the latest newsletter from Avalon, including upcoming events and fundraisers, as well as additional ways to get involved.

**Please read the following carefully before signing this application:**

I understand that this is an application for and not a promise of a volunteer/intern opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer/intern position and in interviews with Avalon that is true, correct, and complete to the best of my knowledge I understand that information contained on my application will be verified by Avalon. I understand that a background check through the Department of Social Services and the Virginia State Police will be run before I begin my volunteer/intern service with Avalon. I understand that misrepresentations or omissions may be cause for my immediate denial as an applicant for a position with Avalon or my termination as a volunteer/intern. I hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin. *I understand that volunteering with Avalon will not necessarily lead to employment. Any volunteer that would like to become an employee will have to submit an application/résumé when and if positions become available.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date