



VOLUNTEER INTEREST

Certain positions and those working with children may require an application for a background check.

Please complete this form and fax it to us at 540-658-4877 or mail it to the address below.

Name _____
First M.I. Last Preferred name

Address _____ Phone _____
 _____ Email _____

County _____ Are you over 18? Yes No

Emergency contact name _____ Relationship _____

Phone _____
Home Cell Work

PREFERENCES: (check all that apply)		AVAILABILITY: (Check all that apply)																																																										
<p>Who would you like to serve?</p> <p><input type="checkbox"/> Youth</p> <p><input type="checkbox"/> Adult</p> <p><input type="checkbox"/> Senior Citizens</p> <p><input type="checkbox"/> General Public</p>	<p>What type of experience do you have?</p> <table border="0"> <tr> <td><input type="checkbox"/> Weed Eating</td> <td><input type="checkbox"/> Event Planning</td> </tr> <tr> <td><input type="checkbox"/> Leaf Blowing</td> <td><input type="checkbox"/> Food Prep/Service</td> </tr> <tr> <td><input type="checkbox"/> Grass cutting</td> <td><input type="checkbox"/> Filing</td> </tr> <tr> <td><input type="checkbox"/> Landscaping</td> <td><input type="checkbox"/> Reception/Telephone</td> </tr> <tr> <td><input type="checkbox"/> Carpentry</td> <td><input type="checkbox"/> Word Processing</td> </tr> <tr> <td><input type="checkbox"/> Field Maintenance</td> <td><input type="checkbox"/> CPR Certification</td> </tr> <tr> <td><input type="checkbox"/> Trail Maintenance</td> <td><input type="checkbox"/> First Aid Certification</td> </tr> <tr> <td><input type="checkbox"/> Photography</td> <td><input type="checkbox"/> Lifeguard/WSI</td> </tr> <tr> <td><input type="checkbox"/> Music</td> <td><input type="checkbox"/> Umpire/Referee</td> </tr> <tr> <td><input type="checkbox"/> Dance/Theater</td> <td><input type="checkbox"/> Tractor/mower use</td> </tr> <tr> <td><input type="checkbox"/> Pottery/Ceramics</td> <td><input type="checkbox"/> Interior/Exterior painting</td> </tr> <tr> <td><input type="checkbox"/> Handcrafts</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Painting/Drawing</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Face Painting</td> <td><input type="checkbox"/></td> </tr> </table>	<input type="checkbox"/> Weed Eating	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Leaf Blowing	<input type="checkbox"/> Food Prep/Service	<input type="checkbox"/> Grass cutting	<input type="checkbox"/> Filing	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Reception/Telephone	<input type="checkbox"/> Carpentry	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Field Maintenance	<input type="checkbox"/> CPR Certification	<input type="checkbox"/> Trail Maintenance	<input type="checkbox"/> First Aid Certification	<input type="checkbox"/> Photography	<input type="checkbox"/> Lifeguard/WSI	<input type="checkbox"/> Music	<input type="checkbox"/> Umpire/Referee	<input type="checkbox"/> Dance/Theater	<input type="checkbox"/> Tractor/mower use	<input type="checkbox"/> Pottery/Ceramics	<input type="checkbox"/> Interior/Exterior painting	<input type="checkbox"/> Handcrafts	<input type="checkbox"/> Other _____	<input type="checkbox"/> Painting/Drawing	<input type="checkbox"/>	<input type="checkbox"/> Face Painting	<input type="checkbox"/>	<table border="0"> <thead> <tr> <th></th> <th>AM:</th> <th>PM:</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Any day</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Sunday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Monday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Tuesday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Wednesday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Thursday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Friday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Saturday</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td><input type="checkbox"/> Special Project</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>		AM:	PM:	<input type="checkbox"/> Any day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Special Project	<input type="checkbox"/>	<input type="checkbox"/>
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OTHER INFORMATION you would like us to know to help make your volunteer experience more enjoyable and comfortable:

(over)

