



Main Office: 10455 White Granite Drive, Suite 100, Oakton, VA 22124  
 Ph: 571.748.2536 | Fax: 703.385.5176 | volunteer@nvfs.org  
 SERVE Campus: 10056 Dean Drive, Manassas, VA 20110  
 Ph: 571.748.2621 | Fax: 703.368.2004 | volunteer@nvfs.org

## Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday \_\_\_\_ (Mo.) \_\_\_\_ (Day) Check  Over 18  
 one:  Under 18

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Languages spoken: \_\_\_\_\_

Employer or School: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: Cell/Home \_\_\_\_\_ Other: \_\_\_\_\_

How did you learn about NVFS?  Family/Friend  Online (site: \_\_\_\_\_)  
 Paper/Media  Event/Fair Other  Other: \_\_\_\_\_

Is this a school/church/club requirement? Yes No If yes, for what & total hours: \_\_\_\_\_

Are you applying for a specific volunteer position or type of work? \_\_\_\_\_

### Skills & Qualifications (technical/academic/job):

Do you speak Spanish?  Basic  Intermediate  Advanced  Native Language  No

Do you speak other languages (besides English)?  Yes  No

Language: \_\_\_\_\_  Basic  Intermediate  Advanced  Native Language

Language: \_\_\_\_\_  Basic  Intermediate  Advanced  Native Language

Language: \_\_\_\_\_  Basic  Intermediate  Advanced  Native Language

Have you received special education, trainings or certifications? If so, what kind (if college grad, list degree/major)?

\_\_\_\_\_  
 \_\_\_\_\_

What specific skills and/or qualifications do you have?

<input type="checkbox"/> Client Services/Support	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Legal Services
<input type="checkbox"/> Cooking	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Manual Labor
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Health Services	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Data entry	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Educator	<input type="checkbox"/> Interpreter/Translator	<input type="checkbox"/> Pharmacist
<input type="checkbox"/> Event Planning/Support	<input type="checkbox"/> Language Spoken	<input type="checkbox"/> Reception/Office Admin
<input type="checkbox"/> Financial/Accounting	(less fluent than Interpreter/Translator)	

**Interests & Availability**

What are your interests or hobbies? (not a learned or trained skill, but is an area/field of interest)

<input type="checkbox"/> Art/Photography	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Music/Play Instrument
<input type="checkbox"/> Adult Client Services	<input type="checkbox"/> Finance/Accounting	<input type="checkbox"/> Nature/Environment
<input type="checkbox"/> Child Client Services	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Reception/Office Admin
<input type="checkbox"/> Client Services for Seniors	<input type="checkbox"/> Graphic Design	<input type="checkbox"/> Research
<input type="checkbox"/> Cooking	<input type="checkbox"/> Health Services	<input type="checkbox"/> Sports/Physical Activity
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Maintenance/Landscaping	<input type="checkbox"/> Tutoring/Classroom
	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Other _____

Days & Hours Available to Volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Frequency for volunteering :  Weekly  Bi-weekly  Monthly  Occasionally

Have you ever been convicted of a crime? (Crime can be defined as an action prohibited by law or a failure to act as required by law). A conviction will not necessarily result in the denial of volunteer service.  Yes  No

If yes, please explain: \_\_\_\_\_

**References (at least 1 should be a professional or academic reference; please do not list members of your family)**

I will provide the following three references with a [NVFS Volunteer Reference Form](#). I authorize NVFS to obtain information about me from these references and I authorize these references to disclose requested information about me to NVFS.

Name	Relationship to Volunteer

**Release:** I understand the nature of volunteer activities that are to be performed by me may involve physical activity, contact with unidentified and unfamiliar persons, travel to and from project site locations, and other potential risks of injury. I hereby release and discharge Northern Virginia Family Service and any of its directors, officers, employees, partners, affiliates, agents and successors from any and all liability and/or responsibility for any accident or injury to person or property that I may sustain in connection with my participation as a NVFS volunteer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under age 18, parent/guardian must sign above. \_\_\_\_\_  
Parent name printed

<b>NVFS Staff use only</b>	Date entered in RE: _____	Entered by: _____
	Notes:	