



Chesterfield County Volunteer Application

The Heart of the FIRST CHOICE Community

www.chesterfield.gov

Date _____

Birth date (If under 18) _____

Position Applying for: _____

Department _____

Position Applying for: _____

Department _____

Position Applying for: _____

Department _____

PERSONAL INFORMATION

Name: _____

Email: _____

Street Address _____

City/State/Zip _____

Home Phone _____

Other Phone _____

In case of emergency, please contact: _____ Phone _____

Are you a current/former employee of Chesterfield County? YES NO

If yes, what department? _____ Name when employed _____

BACKGROUND VERIFICATION

Have you ever been convicted of a Felony? YES NO Misdemeanor? YES NO

If yes, give dates and please explain: _____

Are there any pending charges against you? YES NO Felony _____ Misdemeanor _____

If yes, give details: _____

EDUCATION HISTORY

Name and address of school/colleges attended and grade/credits/degree completed, starting with most recent:

Name and Location of School attended	Dates Attended	Credits/Grade completed	Area of Study, if applicable

If you did not graduate from high school, do you have a GED? YES NO

Please list any certificates, licenses, memberships which may be relevant to your application:

EMPLOYMENT HISTORY

Are you currently employed: Full-time Part-time Retired Student Other

Current Employer _____ Title/Position _____

Hours/Schedule _____

Have you ever volunteered before? YES NO If yes, where and in what role? _____

REFERENCES

Please provide two personal or professional references with phone numbers and their relationship to you.

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

Please turn over

VOLUNTEER INFORMATION

Are you a court-mandated volunteer? Yes No Number of hours needed _____

Are you volunteering for school credit? Yes No Number of hours needed _____

When are you available to begin volunteering? _____

How often are you interested in volunteering? Daily Weekly Monthly As Needed

Which would you prefer? A short-term project An on-going position

When can you volunteer? County offices are generally open weekdays from 8:30 – 5:00 pm. Some programs may have evening or weekend shifts available.

Hours Available	Sun.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.
Morning (8-Noon)							
Afternoon (Noon – 5p.m.)							
Evening (after 5 p.m.)							

How did you hear about Chesterfield County’s Volunteer program and why would you like to get involved?

Areas of Interest/Skill: (Check all that apply)

- Carpentry
- Child Care
- Clerical/Office Support
- Computer Programs
- Communication/Public Speaking
- Driving/Transporting
- Education/Training Clients
- Other, please list _____
- Event Planning
- Fund-Raising
- Gardening
- Health Care
- Library Assistance
- Local History
- Mechanical/Technical
- Offering Companionship
- Outdoor Activities
- Public Safety
- Sports/Recreation
- Teaching/Tutoring/Mentoring
- Working with Animals/Nature
- Working with Seniors
- Working with Youth

CERTIFICATION OF APPLICATION INFORMATION

I certify that the information I have provided to the previous questions is true and correct, and that no attempt has been made to conceal pertinent information. I understand that if any information given by me in this application is found to be false or misleading, I will be subject to dismissal at any time, and I agree to hold Chesterfield County, its officials and employees harmless in that event.

AUTHORIZATION TO OBTAIN BACKGROUND INFORMATION

I authorize Chesterfield County to conduct a background investigation in connection with my application for volunteering. This investigation may include information as to my criminal history, schools attended, Division of Motor Vehicles records, present/past employers, professional references, and other appropriate sources. Criminal background checks will be conducted on volunteers in Juvenile Services positions. Volunteers in these categories will be required to submit to fingerprinting which will be forwarded to the Federal Bureau of Investigations. I authorize the release of any information that Chesterfield County may request from the above sources. All information received by the County will only be used in accordance with applicable law.

Signature _____ Date _____

Parent/Guardian Signature, if applicant is under 18 _____ Date _____

For more information please call Volunteer Services at 751-4142 or visit our website at www.chesterfield.gov and click on “How do I” and then select “Volunteer”, or complete and return this application to:

Volunteer Administrator
 Human Resource Management
 Chesterfield County
 P.O. Box 40
 Chesterfield, VA 23832