

# VOLUNTEER APPLICATION

## *Adult Applicants*

### **PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

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

Phone Numbers (check preferred number):

Home  (\_\_\_\_) \_\_\_\_\_ Work  (\_\_\_\_) \_\_\_\_\_ Cell  (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Do own or have access to a Truck or SUV  Yes  No

Do you speak a foreign language  Yes  No Language(s) \_\_\_\_\_

### **EMERGENCY INFORMATION**

Name \_\_\_\_\_

Phone \_\_\_\_\_ Relation \_\_\_\_\_

### **EMPLOYMENT/EXPERIENCE**

Are you:  Employed: Position \_\_\_\_\_  Retired

Student: Major \_\_\_\_\_  Other \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ May we contact you at work?  Yes  No

Supervisor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Does your employer offer the following?

Time Off Program for Volunteer Service:  Yes  No

Donation Matching Program:  Yes  No

### **VOLUNTEER INFORMATION**

Check the volunteer position(s) for which you are applying. Please refer to the enclosed brochure(s) for details.

- Camp M.A.G.I.C.
- Carpenter
- Child Care
- Family Friend
- Handy Person
- Hospital Pal

- Meal Preparation
- Office Assistant
- Peace by Piece Facilitator
- Peace Pal
- Special Events Assistant
- Translator

- Transportation
- Photographer
- Public Relations
- Yard Work Helper
- Card Maker

**What is your availability?**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please give details of your volunteer experience. If necessary, use supplemental space. \_\_\_\_\_

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What are your expectations of volunteer service with Edmarc? What strengths are you able to bring to us?

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What do you wish to gain from your volunteer experience with Edmarc? \_\_\_\_\_

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Describe the perfect volunteer assignment for yourself. \_\_\_\_\_

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How did you hear about Edmarc's volunteer program?

- |   |                                  |  |
|---|----------------------------------|--|
| <input type="checkbox"/> Community presentation | <input type="checkbox"/> School  | <input type="checkbox"/> Newspaper _____         |
| <input type="checkbox"/> Internet               | <input type="checkbox"/> Church  | <input type="checkbox"/> Volunteer Hampton Roads |
| <input type="checkbox"/> Word of mouth          | <input type="checkbox"/> Library | <input type="checkbox"/> Other _____             |

**EXPERIENCE WITH GRIEF**

Grief comes in many forms, including death. Please describe some of your experiences. Tell us when they occurred, how they affected you and how you coped. If your grief is a result of a death, please give the name(s) of person(s) who died and dates. You may use supplemental space. \_\_\_\_\_

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**HEALTH**

Do you have any physical restrictions or chronic illnesses that may affect your volunteer placement?  Yes  No  
If yes, please explain. \_\_\_\_\_

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Have you ever been hospitalized for a mental illness?  Yes  No If yes, when? \_\_\_\_\_

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Are you currently taking medication?  Yes  No If yes, please explain. \_\_\_\_\_

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**BACKGROUND INFORMATION**

Due to the nature of our work with children and teens, applicants who have had any child or minor-related criminal charges filed against them are immediately precluded from volunteering in parts of our program that lead to direct contact with Edmarc clients. All information remains confidential.

Are you on public record as a sex offender or physical abuse?  Yes  No If yes, please explain. \_\_\_\_\_

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Have you ever been accused of a crime or investigated for a crime?  Yes  No If yes, please explain. \_\_\_\_\_

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Have you been convicted of a felony?  Yes  No If yes, please explain. \_\_\_\_\_

Are you abusing drugs or alcohol?  Yes  No

I certify that I have never been convicted of any barrier crime and do not at present have any charges of these crimes against me. I understand that if I am selected as a volunteer, a background check is required. This includes the following: criminal history record check, sex offender and crimes against minors search, Virginia Department of Social Services Child Abuse and Neglect Central Registry search, reference check and, if deemed appropriate, driving record search. Further, I understand that the background check will be coordinated by Edmarc Hospice for Children at my expense.

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

### **REFERENCES**

Please supply three references other than friends or family ***with complete mailing address and phone numbers***. If you have recently moved to the area, out-of-town references are acceptable. It is necessary to include your immediate employment manager and, if applicable, a supervisor from a previous volunteer position.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Relationship \_\_\_\_\_

E-Mail Address \_\_\_\_\_

The undersigned acknowledges and agrees that he/she is not required, if called upon, to perform the volunteer service herein applied for and that Edmarc Hospice for Children is not required to assign or actively seek to assign him/her as a volunteer even after appropriate training. I affirm under the penalties of perjury that all the information supplied to Edmarc Hospice for Children during the application process is true and accurate.

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

Printed Name of Applicant \_\_\_\_\_

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**OFFICE USE**

Position 1: \_\_\_\_\_

Position 2: \_\_\_\_\_

Position 3: \_\_\_\_\_

Date Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
References Contacted \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
References Received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Training Class \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

- Completed:
- Sworn Disclosure
  - Criminal History
  - Child Protective Services
  - TB Results, date:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_
  - Contract
  - Confidentiality Agreement
  - Facilitator Guidelines
  - Post Training Questionnaire
  - Bio
  - Check \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_