



Volunteer Application/Enrollment Long Form VA-114

When applying for a volunteer role, complete sections A through I. After acceptance, read and sign section J.

A. GENERAL INFORMATION (please print)

Name: _____			
LAST	FIRST	MI	
Mailing Address: _____			
(STREET, BOX, ROUTE, APT #)	CITY	STATE	ZIP
Residence: _____			
<small>(Physical location if different than mailing address)</small>			
How long at this address: _____		Date of Birth: _____	

B. CONTACT INFORMATION

Phone: Daytime: (_____) _____	FAX: (_____) _____
Evening: (_____) _____	E-mail: _____
Best time to call: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening	
Emergency Contact: Name _____	
Phone: Daytime: (_____) _____	EVENING: (_____) _____

C. VOLUNTEER POSITION

1. In which volunteer positions are you interested? _____

2. With which groups do you prefer to work? (check **ALL** that apply)
Age: Youth Adults Either under age 5 age 5-8 age 9-11
Gender: Males Females Either age 12-13 age 14-18 over 18
3. Describe your skills, abilities, and hobbies, as related to this volunteer position. _____

4. Describe your training, formal education, licenses/certification and experience working with different age groups or targeted clientele related to this position.

D. AVAILABILITY

1. For what length of time are you willing to volunteer? <input type="checkbox"/> hours per week (please specify _____) <input type="checkbox"/> hours per month (please specify _____) <input type="checkbox"/> negotiable (please specify _____)	2. Over what time period? (mark all that apply) <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> other (describe) _____ <input type="checkbox"/> When could you begin? _____ (mo/day/yr)
3. When are you available to volunteer? <input type="checkbox"/> Day <input type="checkbox"/> Weekends <input type="checkbox"/> Specific Times _____ <input type="checkbox"/> Evening <input type="checkbox"/> I'm flexible	

E. EMPLOYMENT/VOLUNTEER EXPERIENCE (supervisor may be contacted)

Organization: _____ Supervisor Name and Phone #: _____

Paid or Volunteer Role/Duties: _____

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Paid or Volunteer Role/Duties: _____

F. REFERENCES

1.	_____	_____	_____
	(Name)	(Phone: Day & Night)	(Relationship)
	_____	_____	_____
	(Street, Route, Box, Apt#)	(City)	(State) (Zip)
2.	_____	_____	_____
	(Name)	(Phone: Day & Night)	(Relationship)
	_____	_____	_____
	(Street, Route, Box, Apt#)	(City)	(State) (Zip)
3.	_____	_____	_____
	(Name)	(Phone: Day & Night)	(Relationship)
	_____	_____	_____
	(Street, Route, Box, Apt#)	(City)	(State) (Zip)

G. DRIVING INFORMATION (Complete only if applying for a position which requires driving)

	Yes	No
Do you have a current and valid driver's license?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, issued in the state of _____		
Do you have a current commercial driver's license (CDL)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?	<input type="checkbox"/>	<input type="checkbox"/>

H. BACKGROUND INFORMATION

(This information will be kept in a confidential manner and accessible only to authorized personnel.
A "yes" answer does **not** automatically exclude you from becoming a registered VCE volunteer.)

1. Have you ever had any **criminal convictions** related to:

- | | Yes | No |
|----------------------------|--------------------------|--------------------------|
| a. alcohol or drug abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. child abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. spousal abuse? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. elder abuse or neglect? | <input type="checkbox"/> | <input type="checkbox"/> |

2. Have you ever been convicted of any violation(s) of law? Yes No

3. If volunteering for a position that requires the operation of a vehicle, have you been convicted of any moving traffic violations within the last 5 years? Yes No

If "yes" to any of the above, please describe.

I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service of VCE.

Signature, Volunteer Applicant

Date (mo/day/yr)

I. DEMOGRAPHIC INFORMATION *(For record keeping purposes only)*

1. Gender: Female Male

2. Race:

- White
- African American
- American Indian
- Hispanic
- Asian
- Multi-Racial

3. I Live (check one)

- On a farm
- Rural area or town under 10,000
- Town or city of 10,000 to 50,000
- Suburb or city over 50,000
- City over 50,000

4. Highest level of education: _____

J. ENROLLMENT/AGREEMENT

- I agree to abide by all policies and procedures of Virginia Cooperative Extension (VCE).
- I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. VCE is an equal opportunity employer.
- I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Signature, VCE Volunteer

Date (mo/day/yr)

FOR VCE INTERNAL USE ONLY

A. ACTION TAKEN

Date Volunteer Application received by VCE _____

This applicant: (pick one)

was assigned to _____ position on _____ (Date)

Met qualifications for position and was archived for future positions.

Not offered position.

Signature, VCE Representative

Date (mo/day/yr)

B. RE-ENROLLMENT

Re-enroll with no changes Date _____

Re-enroll with the following changes Date _____

Signature, VCE Volunteer

Date (mo/day/yr)



Virginia Cooperative Extension

Virginia Tech • Virginia State University

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Northern Shenandoah Valley Financial Education Program Master Financial Education Volunteer Application Addendum

A. PROGRAM INVOLVMENT PREFERENCE SURVEY

For each of the following activities, please check the column which best describes your feeling at this time.

ACTIVITY	WOULD LIKE TO	WOULDN'T MIND	PREFER NOT TO
Financial Mentor – work with individuals or families on their finances.			
Program Coordinator – manage the financial mentoring program and volunteers in a county.			
Speaker's Bureau – present brief programs about financial management topics to groups.			
Course Instructor – teach in-depth financial management topics to groups.			
Case Manager – review case paperwork and maintain program files.			
Training Coordinator – plan and arrange for volunteer training.			
Evaluation Volunteer – conduct program evaluation interviews by phone with clients/volunteers.			
Newsletter Editor – produce newsletter for volunteers and clients.			
Exhibitor – staffs displays at local events, fairs, and festivals to publicize the program.			
Publicist – work with media and community groups to publicize program.			
General Volunteer – assist with special events and youth programs such as simulations and competitions.			
Explain (if necessary): _____			

B. ADDITIONAL INFORMATION

Why are you interested in volunteering with the Northern Shenandoah Valley Financial Education Program?

Please give a brief description of any relevant training or experience you have in financial management:

Please describe any experiences you have had working with children, youth, elderly, or families:

Please list any other information you think is important for us to know when considering this application:

C. LOCATION PREFERENCES AND AVAILABILITY

Where are you willing to volunteer? (Please check all that apply.)

Clarke Frederick Page Shenandoah Warren

When are you normally available to volunteer? ((Please check all that apply.))

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

D. FEEDBACK

How did you find out about the volunteer opportunities through Virginia Cooperative Extension?

(Please check all that apply.)

<input type="checkbox"/> Newspaper	<input type="checkbox"/> Flyer/Poster at _____
<input type="checkbox"/> Radio	<input type="checkbox"/> E-mail from Virginia Cooperative Extension
<input type="checkbox"/> Friend/Invitation	<input type="checkbox"/> Other E-mail: _____
<input type="checkbox"/> Website	<input type="checkbox"/> Facebook Message/Page/Group
<input type="checkbox"/> Other: _____	

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate, please contact Karen Poff at the VCE-Warren County office to discuss accommodations.

*TDD number is (800) 828-1120.

Please return your completed application to Karen Poff to be notified of the next available training:

Karen Lynn Poff, MPA, AFC®
Senior Extension Agent, Family & Consumer Sciences
 VCE – Warren County Office
 220 North Commerce Avenue, Suite 500
 Front Royal, VA 22630-3495
 Phone: 540/635-4549
 Work Cell: 540/750-6426
 Fax: 540/635-2827

E-mail: kpoff@vt.edu
 LinkedIn: www.linkedin.com/in/karenlynnpoff
Serving the Northern Shenandoah Valley (NSV):
 NSV Financial Education Website –
<http://tinyurl.com/nsvfinancialeducation>
 NSV Financial Education Facebook Page –
<https://www.facebook.com/nsvfinancialeducation>