



NVFS-MHS Volunteer Application

PERSONAL INFORMATION

Name: (Last) _____ (First) _____
 Address _____ City _____ State _____ Zip _____
 Home # (____) _____ Work # (____) _____
 D.O.B. _____ Email _____

EDUCATION

Highest level: High School; College; Post-Graduate; Other training: _____
 Major area(s) of study _____

EMPLOYMENT

Occupation _____ Employer _____
 Employer's Address _____

VOLUNTEER INTERESTS (Check all volunteer assignments that interest you)

- Tutoring Subject _____
 - Mentoring _____ Long term (1 year) _____ Short-term (under 1 year)
 - Teaching English as a Second Language (ESL)
 - Teaching computer literacy
 - Providing transportation
 - Administrative assistance
 - Providing translation or interpretation Languages _____
 - Illustration and graphic design, web design, applications and information systems, technical support.
 - Other activities: fund raising, coordinating special events and projects, newsletter preparation, etc.
- Additional area of interest: _____

Are there any services or skills your might provide that have not been identified? If so, please add them below:

Please describe previous volunteer work you have done: _____

Location of Volunteer Work: NVFS: MHS-MHS is located in Falls Church City; however, we work with people throughout the Washington metropolitan area as well as part of Maryland. Please note the areas you prefer to work in.

- Falls Church City
 Fairfax County
 Arlington County
 Alexandria
 Loudoun County
 Montgomery County
 Other: _____

AVAILABILITY

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

PREFERENCES

NVFS-MHS provides opportunities to work with many populations. Please specify any particular cultural, national, or language group you would prefer to work with, if you have a preference:

Please check the age groups of interest to you (mark all that apply).

- Preschool (0- 4)
 (Elementary (5 - 10)
 Intermediate (11- 13)
 High School (14-17)
 Young Adult (18- 25)
 Adults (25 +)
 Elderly

Do you prefer to work with females or males?

- Males
 Females
 No preference

REFERENCES

Please provide two personal references whom we may call.

1. Name: _____ 2. Name: _____
 E-mail: _____ E-mail: _____
 Phone #: (____) _____ Phone #: (____) _____

EMERGENCY INFORMATION

In case of emergency, NVFS-MHS should notify:

(Name) _____

Relationship: _____

Telephone (day) _____

(Eve) _____

HOW DID YOU HEAR ABOUT NVFS-MHS?

Arlington Volunteer Center

Alexandria Volunteer Center

Fairfax Volunteer Center

Loudoun Volunteer Center

Internet

Other _____

CONFIDENTIALITY STATEMENT

NVFS-MHS adheres strictly to a policy of client confidentiality. To protect our clients, confidentiality is required of all NVFS-MHS employees, volunteers, and other associated with the agency. Information learned about clients and/or their records must not be released to others outside NVFS-MHS without specific approval from Executive Director. NVFS-MHS does not permit video and/or audio tapings of clients without the knowledge and consent of clients and Director. Violation of this policy may result in termination of a person as a NVFS-MHS volunteer.

I understand and agree to adhere to the NVFS-MHS policy of confidentiality concerning its clients.

Please initial: _____

COMMENTS OR SUGGESTIONS:

Application Signature: _____ **Date:** _____

Thank you for contacting NVFS-MHS and for taking the time to fill out this application. It will help us understand your interests and use your talents more effectively.

If you have any questions, please contact:

Monica Arispe
Volunteer Coordinator
marispe@nvfs.org
703-533-3302 x 297