



C'Asha Faltz, Community & Volunteer Engagement Specialist, Fairfax, Arlington, Loudoun

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Volunteer Application

Today's Date: _____

Name: _____ D.O.B. _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Cell: _____ Other Phone: _____

Employer or School: _____

Emergency Contact Name: _____ Relationship: _____ Cell/Home: _____

How did you learn about NVFS? Family/Friend Online (site: _____)

Paper/Media Event/Fair Other: _____

Have you had any previous involvement with NVFS? _____ If yes, in what capacity? _____

Why do you want to volunteer at NVFS? _____

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

Language Skills:

Do you speak Spanish? Basic Intermediate Advanced Fluent Native Language No

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

Language: _____ Basic Intermediate Advanced Fluent Native Language

Language: _____ Basic Intermediate Advanced Fluent Native Language

Availability

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 of volunteering: Weekly Bi-weekly Monthly Occasionally

Location (check all that apply): Fairfax Co. Arlington/Alexandria Prince William Loudoun Virtual

What specific **qualifications** do you have (through job or career, advanced education, certifications, etc.)?

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

How do you want to spend your volunteer time?

Skills, Talents & Hobbies	Learning Quests	No-No's
<i>Special skills, talents, interests you want to use in your volunteer role.</i>	<i>Areas you would like to learn more about for professional or personal development.</i>	<i>Please don't ask me to do this!</i>
Things you do well and enjoy doing. List anything that comes to mind. You'd be surprised how your talents can be utilized.	List areas of interest you may not have the skills to perform but that you would like to learn.	List anything you really don't want to do.

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 use members of your family)

I will provide three references using the 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 1	Relationship 1
Name 2	Relationship 2
Name 3	Relationship 3

CONFIDENTIALITY: As a volunteer with Northern Virginia Family Service (NVFS), I understand that any staff, client, volunteer or project-related information (written or verbal) for which I gain knowledge **must be held in strictest confidence and not shared outside of NVFS**. I will respect the rights and privacy of all information pertaining to written consent of the appropriate NVFS authority.

PRIVACY OF INFORMATION: I understand that the information I have disclosed on this form will remain confidential to NVFS. Furthermore, I understand that, by providing my email, I will be subscribed to the monthly Volunteer Voice and NVFS Insider e-newsletters and will have the option to unsubscribe should I so choose.

RELEASES:

NVFS's priority is the safety of our clients and program participants. In order to ensure the safety of NVFS participants, NVFS reserves the right to conduct background checks on volunteers, who will work with children, or may come in contact with children during the course of their volunteer experience. Such individuals will be required to maintain satisfactory records as a condition of volunteerism. In addition, NVFS may periodically perform background checks on volunteers who have been previously checked and who continue to be involved in a position with NVFS whereby NVFS policy would require such background checks of such individual. I hereby release NVFS from all liability for any damage whatsoever incurred in obtaining or furnishing such information.

By signing my name and dating this authorization, I hereby confirm the accuracy of the information provided above and grant NVFS the permission to do a background check, as NVFS deems necessary.

Based on the above, I agree to indemnify and hold harmless and release NVFS and its officers, employees and authorized representatives from and against any and all liability, loss, damage, costs (including attorney's fees) arising out of or in any way attributed to the activities performed as an NVFS volunteer.

Furthermore, I give permission to NVFS, and/or parties designated by NVFS, to record the story and/or likeness of the person(s) named below and use such accounts in all forms of media, for any and all promotional purposes including brochures, television interviews, NVFS reports/press releases, radio/newspaper/newsletter interviews, photos, public service announcements, fundraising appeals, video production, NVFS website, social media sites and related internet marketing indefinitely, unless or until I revoke this permission in writing.

Signature: _____ Date: _____

If under age 18, parent/guardian must sign above & print name here: _____