



Master Food Volunteer Application

A. GENERAL INFORMATION (please print)

Name _____
(LAST) (MIDDLE INITIAL) (FIRST)

Mailing Address _____
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residence _____
(Physical location if different than mailing address)

Date of Birth: _____

B. CONTACT INFORMATION

Phone Daytime: _____ FAX: _____

Phone Evening: _____ E-mail: _____

Best time to call: Morning Afternoon Evening

Emergency Contact Name: _____

Phone Daytime: _____ Phone Evening: _____

C. VOLUNTEER POSITION

Describe your skills, abilities, and hobbies, as related to this volunteer position:

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

Language(s) spoken other than English: _____

D. AVAILABILITY

For what length of time are you willing to volunteer? Over what time period? (Mark all that apply)

Hours per week (please specify) _____ 3 months 6 months 1 year

Hours per month (please specify) _____

Negotiable (please specify) _____ Other (describe) _____

When are you available to volunteer?

Day Weekends Specific Times: _____

Evening I'm flexible _____

www.ext.vt.edu

E. REFERENCES

(Name)	(Phone: Day & Night)	(Email)	(Relationship)
(Street, Route, Box, Apt#)	(City)	(State)	(Zip)
(Name)	(Phone: Day & Night)	(Email)	(Relationship)
(Street, Route, Box, Apt#)	(City)	(State)	(Zip)
(Name)	(Phone: Day & Night)	(Email)	(Relationship)
(Street, Route, Box, Apt#)	(City)	(State)	(Zip)

F. DRIVING INFORMATION

Do you have a current and valid driver’s license? Yes No If yes, issued in the state of _____
 Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia? Yes No

G 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.

Have you every had any criminal convictions related to:

If “yes” to any of the above, please describe:

	Yes	No		Yes	No
alcohol or drug abuse?	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been convicted of any violation(s) of the law?	<input type="checkbox"/>	<input type="checkbox"/>
child abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>	If volunteering for a position that requires the operation of a		
spousal abuse?	<input type="checkbox"/>	<input type="checkbox"/>	vehicle, have you ever been convicted of any moving traffic		
elder abuse or neglect?	<input type="checkbox"/>	<input type="checkbox"/>	violations within the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>

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)

H. 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, Volunteer Applicant	Date (mo/day/yr)

FOR OFFICE USE ONLY	This applicant: (pick one)
	<input type="checkbox"/> Met qualifications for volunteer position
	<input type="checkbox"/> Did not meet qualifications for volunteer position
	<input type="checkbox"/> Other: _____
Date Volunteer Application received by VCE: _____	

Signature, VCE Representative	