Office of volunteer resources
putting community in government
www.VBgov.com/volunteer

APPLICATION FOR VOLUNTEER SERVICE

Office of Volunteer Resources
Municipal Center, Building 1, Room 201
Virginia Beach, VA 23456
Phone (757) 385-4722

AREA (S) OF INTEREST: Date available to begin

Information supplied on this application will be used in a city-wide database

Title: Mr./ Mrs./ Ms./ Other _____

Name _____
First MI Last

Address: _____
Street Apt No. City State Zip Code

Phone: (____) _____ Cell Phone: (____) _____ e-mail address: _____

Are you 18 or above? ❑ Yes ❑ No If no, give birth date: ___ / ___ / ___

Education: Circle the highest level completed. Grade: 1 2 3 4 5 6 7 8 9 10 11 12 GED/ College: 1 2 3 4 / Graduate: 1 2 3 4

List areas of study or degrees obtained: _____

Foreign Languages (fluent): _____

Indicate (X) Computer Skills: ❑ Microsoft Office ❑ Web Design ❑ Data Entry ❑ Other (list) _____

Driver's license: ❑ Standard Operator, ❑ Commercial(CDL) State _____ Exp. Date _____

Professional Certifications, Special Skills, Interests, Hobbies: _____

_____

Occupational background: _____

_____

Describe any volunteer work you have done. _____

_____

How did you hear about our program? _____

List the days and hours you can be available: _____

_____

List 2 References: _____ ( ) _____
Name Street Address City/State/Zip Code Phone No.
(Professional or Personal)

_____ ( ) _____
Name Street Address City/State/Zip Code Phone No.

In the past 5 years, have you been convicted of a misdemeanor: ❑ Yes ❑ No

If Yes, give dates and details: _____

Indicate any pending charges against you by checking type: ❑ None ❑ Misdemeanor ❑ Felony

Have you ever been convicted of a felony? ❑ Yes ❑ No If Yes, give dates and details _____

_____

THE INFORMATION SUPPLIED BY ME IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I RECOGNIZE THE NEED OF THE CITY OF VIRGINIA BEACH TO EXAMINE AND VERIFY INFORMATION PERTAINING TO MY QUALIFICATIONS FOR VOLUNTEER SERVICE AND HEREBY FREELY CONSENT TO ALLOWING THE CITY TO VERIFY THE INFORMATION CONTAINED HEREIN. I FURTHER AUTHORIZE THE RELEASE OF SUCH INFORMATION TO THE CITY FOR APPLICATION VERIFICATION PURPOSES AND TO VERIFY THE ABOVE INFORMATION.

Signature _____ Date _____