



Master Food Volunteer Application

A. GENERAL INFORMATION *(please print)*

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

Name as you want it to appear on name tag: _____

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: () _____
Evening: () _____ E-mail: () _____

Best time to call: Morning Afternoon Evening

Emergency Contact Name: _____

Phone: () _____ Day: () _____ Evening: () _____

C. VOLUNTEER POSITION

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

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

3. Language(s) spoken other than English: _____

Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. An equal opportunity/affirmative action employer.

Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Alan L. Grant, Dean, College of Agriculture and Life Sciences, and Interim Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg; Wondi Mersie, Interim Administrator, 1890 Extension Program, Virginia State, Petersburg.

D. AVAILABILITY

For what length of time are you willing to volunteer?	Over what time period? (mark all that apply)
<input type="checkbox"/> Hours per week (please specify) _____	<input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year
<input type="checkbox"/> Hours per month (please specify) _____	
<input type="checkbox"/> Negotiable (please specify) _____	<input type="checkbox"/> Other (describe) _____
When are you available to volunteer?	
<input type="checkbox"/> Day <input type="checkbox"/> Weekends	Specific Times _____
<input type="checkbox"/> Evening <input type="checkbox"/> I'm flexible	

E. 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)

F. DRIVING INFORMATION

	Yes	No
Do you have a current and valid driver's license? If yes, issued in the state of _____	<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"/>

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.

- | | | |
|---|--------------------------|--------------------------|
| 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 the law? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input type="checkbox"/> |

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)

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

Date Volunteer Application received by VCE _____

This applicant: (pick one)

- Met qualifications for volunteer position
- Did not meet qualifications for volunteer position.
- Other: _____

Signature, VCE Representative

Date (mo/day/year)