



VOLUNTEER APPLICATION

Personal Data		Date: _____	
Title: _____	Name: _____	Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	(Volunteers under age 18 require adult supervision.)
Group Name: _____		# of Participants _____	Contact Name: _____
Address: _____			
City: _____	State: _____	Zip: _____	Phone: _____ E-mail: _____
Education			
Years Completed: _____	High School: _____	College: _____	Degree: _____
Licenses/Certifications/Special Training: _____			
Experience			
Type of Work: _____	Position: _____	Years: _____	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer?
Type of Work: _____	Position: _____	Years: _____	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer?
Type of Work: _____	Position: _____	Years: _____	<input type="checkbox"/> Paid <input type="checkbox"/> Volunteer?
Areas of Interest:			
<input type="checkbox"/> Arts/Crafts <input type="checkbox"/> Art Instruction _____ <input type="checkbox"/> Craft Instruction _____ <input type="checkbox"/> Special Interest _____	<input type="checkbox"/> Engineering <input type="checkbox"/> Graphics <input type="checkbox"/> Drafting	<input type="checkbox"/> Nature <input type="checkbox"/> Animals/Habitat <input type="checkbox"/> Trails	<input type="checkbox"/> Special Events <input type="checkbox"/> Event Coordination/Assist. <input type="checkbox"/> Event Planning
<input type="checkbox"/> Clerical <input type="checkbox"/> Bulletin Boards <input type="checkbox"/> Department Library Help <input type="checkbox"/> Data Entry <input type="checkbox"/> Proofreading	<input type="checkbox"/> History <input type="checkbox"/> Artifact Archival <input type="checkbox"/> Interpretation <input type="checkbox"/> Museum <input type="checkbox"/> Research	<input type="checkbox"/> Park Planning <input type="checkbox"/> Design <input type="checkbox"/> Open Space	<input type="checkbox"/> Special Programs <input type="checkbox"/> Senior Citizens <input type="checkbox"/> Youth
<input type="checkbox"/> Computer Consulting <input type="checkbox"/> Specialty _____ <input type="checkbox"/> Web Design	<input type="checkbox"/> Marketing <input type="checkbox"/> Brochure/Flyer Design <input type="checkbox"/> Fundraising	<input type="checkbox"/> Park Maintenance/Landscaping <input type="checkbox"/> Construction/Repair <input type="checkbox"/> Carpentry <input type="checkbox"/> Painting <input type="checkbox"/> General _____	<input type="checkbox"/> Sports <input type="checkbox"/> Trails <input type="checkbox"/> Writing <input type="checkbox"/> Technical Writing
		<input type="checkbox"/> Photography	<input type="checkbox"/> Other _____
Level of Service/Role Desired:			
<input type="checkbox"/> Leader/Responsible for task	<input type="checkbox"/> Consultant only		
<input type="checkbox"/> Worker/Assist with project	<input type="checkbox"/> Background/Assist from home		
<input type="checkbox"/> Special Assignment (planning/organizing/operating)	<input type="checkbox"/> Work Behind the Scenes/Independently		
<input type="checkbox"/> Work Directly with Public	<input type="checkbox"/> Other _____		



Availability:

Hours Available:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Would you like to be on the “on-call” volunteer list?
What is your preferred work schedule and location?

Yes No

Weekly Hours #_____

Twice Weekly Hours #_____

Monthly Hours #_____

Other _____ Hours #_____

Preferred Location: _____

Emergency Information:

Name: _____

Address: _____

Phone: _____

Fauquier County Parks & Recreation requires a criminal background check on all volunteers age 18 and older. Please access and submit the background check form via the link below, no later than 2 weeks from the date of your application:
https://ssci2000.secure-screening.net/escreening/OApp_LoginEntrance.asp?mode=direct&code=735900

Fauquier County Parks & Recreation also requires any individual 18 years or older who will be working with children to be aware of the responsibilities of the Code of Virginia 63.2-1509 requirements. Prior to volunteering, volunteers agree to complete the on-line training noted below:

http://www.dss.virginia.gov/family/cps/mandated_reporters/cwse5691/story_html5.html

All leaders of a group holding a volunteer activity on Parks & Recreation property agrees to ensure all of their volunteers 18 years or older who will be working with children are aware of the responsibilities of the Code of Virginia 63.2-1509.

I understand that, as a volunteer, I am representing Fauquier County Parks & Recreation and will fulfill departmental expectations.

Signature: _____

Date: _____

Confidentiality Notice: All information provided on this application and in the background check form remains confidential between the applicant and Fauquier County Dept. of Parks and Recreation.

Mail Completed Application to: Fauquier County Parks & Recreation, 320 Hospital Drive, Suite 6, Warrenton, VA 20186
 Alternately, deliver to any Parks and Recreation convenient location throughout Fauquier County.

For Official Use Only

Supervisor _____
 Date Application Received _____

Region _____
 Recruited by _____

Revised 5/3/2019