

(DCVYP logo)
DCVYP VOLUNTEER APPLICATION

Contact information:

Name: _____ Date: _____
Home address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
Email address: _____
Date of Birth: _____
Valid Driver's License: _____

Emergency Information:

Special Needs/conditions:

Emergency procedures (if applicable):

Emergency Contact Information:

Name: _____ Relationship: _____
Telephone: _____
Address: _____

Availability to volunteer:

Monday: _____ Start date: _____
Tuesday: _____ Hours needed: _____
Wednesday: _____ Completion date: _____
Thursday: _____
Friday: _____
Weekend: _____

Equal Employment Opportunity

Note: We are requesting EEO information on a voluntary basis. The purpose of requesting this information is to monitor our effectiveness in attracting minorities. The information collected is confidential. **Please check how you would designate yourself racially and/or culturally:**

Race:

Caucasian African American

Asian or Pacific Islander- a person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. The area includes, for example China, Japan, Korea, the Philippine Republic, and Samoa.

Native American or Alaskan Native- a person with origins in any of the original people of North America and who maintains cultural identification through tribal affiliation or community recognition.

Multi-cultural- a person who would classify themselves as more than one of the above.

References:

Name: _____ Title/relationship: _____
Organization name: _____
Address: _____
City: _____ State: _____ Zip: _____
Personal Professional E-mail: _____

Name: _____ Title/relationship: _____
Organization name: _____
Address: _____
City: _____ State: _____ Zip: _____
Personal Professional E-mail: _____

(DCVYP logo)
DCVYP VOLUNTEER APPLICATION

Note: Depending on the sensitive nature of our work, we request the following information:

1. Have you ever been convicted of a crime? Yes No

Please explain when, where, and the nature of the offense below:

2. Are there any criminal charges, against you currently? Yes No

Please explain when, where, and the nature of the offense below:

3. Have you ever had a personal protection order against you? Yes No

Please explain when, where, and the nature of the offense below:

4. Have you ever been involved in the abuse or neglect of a child or adult?

Yes No

Please explain when, where, and the nature of the offense below:

5. Have you ever been involved with a protective service agency? Yes No

Please explain when, where, and the nature of the offense below:

The information contained in this application is correct to the best of my knowledge and is hereby given for any investigation that may be necessary. I understand that misleading or untruthful information on this application may result in my dismissal from any volunteer job consideration. I authorize my references listed in this application to relay information they may have regarding my character and fitness for work on behalf of children. I release all such references from liability for any damage that may result from furnishing such evaluations to you, and I waive any right that I have to inspect references provided on my behalf.

Applicant's signature:

Date:

Witness signature:

Date:

Print witness name: