

# Volunteer Application



Valley Interfaith Child Care Center  
948 Heather Drive  
Blacksburg, Virginia 24063-0926  
540-951-8101  
vicccburg@verizon.net

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Organization Affiliation (faith group, VT, RSVP, etc)	

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings       Weekend mornings  
 Weekday afternoons       Weekend afternoons  
 Weekday evenings       Weekend evenings

## Interests

Tell us in which areas you are interested in volunteering

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Video taping               | <input type="checkbox"/> Outside activities w/ children |
| <input type="checkbox"/> Event Planning         | <input type="checkbox"/> Write grants               | <input type="checkbox"/> Write to congressman           |
| <input type="checkbox"/> Fundraising            | <input type="checkbox"/> Care for garden            | <input type="checkbox"/> Business advice                |
| <input type="checkbox"/> Reading w/children     | <input type="checkbox"/> PR Press Releases          | <input type="checkbox"/> Park cars for home VT games    |
| <input type="checkbox"/> Newsletter production  | <input type="checkbox"/> Serving, cleanup at lunch  | <input type="checkbox"/> Evening/weekend babysitting    |
| <input type="checkbox"/> Help with PM snack     | <input type="checkbox"/> Pictures/Albums            | <input type="checkbox"/> Mow grass                      |
| <input type="checkbox"/> Music & Movement       | <input type="checkbox"/> Art Projects with children | <input type="checkbox"/> Find grants                    |
| <input type="checkbox"/>                        | <input type="checkbox"/>                            | <input type="checkbox"/>                                |
| <input type="checkbox"/>                        | <input type="checkbox"/>                            | <input type="checkbox"/>                                |
| <input type="checkbox"/>                        | <input type="checkbox"/>                            | <input type="checkbox"/>                                |
| <input type="checkbox"/>                        | <input type="checkbox"/>                            | <input type="checkbox"/> (other, please specify:)       |

Do you have a current TB (tuberculosis) test?  Yes  No

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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### Previous Volunteer Experience

Summarize your previous volunteer experience.

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### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	

### Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

**I understand that by signing this application, I am accepting a volunteer position with VICCC and will receive no compensation for time and services provided to VICCC.**

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.