

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?

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> 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"/> Laundry | <input type="checkbox"/> Care for garden | <input type="checkbox"/> Business advice |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> PR Press Releases | <input type="checkbox"/> Park cars for home VT games |
| <input type="checkbox"/> Reading w/children | <input type="checkbox"/> Cooking, serving, cleanup | <input type="checkbox"/> Evening/weekend babysitting |
| <input type="checkbox"/> Grocery shopping | <input type="checkbox"/> Pictures/Albums | <input type="checkbox"/> Mow grass |
| <input type="checkbox"/> Newsletter production | <input type="checkbox"/> Art Projects with children | <input type="checkbox"/> Find grants |
| <input type="checkbox"/> Help with PM snack | <input type="checkbox"/> Music & Movement | <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.