



Volunteer Application

501 Boush Street
 Norfolk, Virginia 23510
 (757) 441-2400 Fax: (757) 441-5423

Please complete this application electronically or by pen (print) in its entirety

PERSONAL INFORMATION

NAME: _____
First MI Last Date of Birth (Year Optional)

ADDRESS: _____
Street City State Zip

PHONE: _____
Home Cell Other

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____
First MI Last

PHONE: _____
Home Cell Other

Have you been convicted of a felony within the last seven (7) years? Yes No

If yes, please explain: _____

Are you required to complete community service to fulfill a court order? Yes No

If yes, please explain: _____

How did you hear about our Volunteer Program? _____

What would you like to achieve by volunteering with the City of Norfolk?

Using the space below, please indicate the dates and time you would be available (Check marks are acceptable):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Please list any additional notes regarding availability:



EDUCATION, TRAINING & EXPERIENCE

Please check the highest grade completed: 6 7 8 9 10 11 12 Higher

Name of High School: _____ City: _____ State: _____

If you did not complete high school, do you have a high school equivalency diploma (GED)? Yes No

Name of College: _____ City: _____ State: _____

List all degrees: _____

Please list additional certifications and or licenses (CPR, First Aid, AED, Lifeguard etc.): _____

Please indicate your knowledge, skills, and abilities:

- | | | |
|--|---|--|
| <input type="checkbox"/> Assist with Adults | <input type="checkbox"/> Assist with Children | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Prefers to Work in Groups | <input type="checkbox"/> Attention to Detail | <input type="checkbox"/> Assist with Senior Citizens |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Filing Sorting etc. |
| <input type="checkbox"/> Microsoft Publisher | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Outlook |
| <input type="checkbox"/> Photoshop/Graphics | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Photography |

Please list employment history and experience related to the position(s) in which you are interested:

(Resume may be attached. Use additional paper if needed.)

REFERENCES

Please list at least two references who are not related to you:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge without consequential omission of any kind whatsoever. I agree that the city of Norfolk shall not be liable in any respect if I am disqualified from volunteering because of the falsity of statements, answers or omissions made by me in this application.

I consent to any substance abuse and/or criminal background investigation which may be required for the position for which I am applying.

Medical Treatment Permission & Acknowledgement of Risks

In consideration of my participation in the activity provided by and through the City of Norfolk Department of Recreation, Parks & Open Space (RPOS) I, for myself or on behalf of the participant I represent, authorize the City of Norfolk employees to take and provide emergency care or assistance in the event of illness or injury while participating or being transported to/from an RPOS-sponsored activity. I have read the policies as they pertain to this activity. I acknowledge and assume the risks and responsibilities associated with this activity.

Photo Permission Release Agreement:

I understand that I, or the participant I represent, may be photographed and/or videotaped while participating in this activity. I agree to allow the City of Norfolk Department of Recreation, Parks & Open Space to use said photographs and/or videos in promotional collateral and campaigns. I further waive any compensation for publishing and/or printing such photographs. I attest to having read, fully understand, and agree to the condition as set forth above.

Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____

(If applicant is under the age of 18)