



732 – E Eden Way North #153 Chesapeake, VA 23320

VA: (757) 384-0294 NJ: (609) 358-0576

info@growfoundationva.org

Volunteer Application

Name: _____ Date: _____

Date of Birth: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number _____ Email Address _____

Education

Highest Level of Education: _____

Degree/Certificate: _____

Employment

Current Employer, if applicable:

Position/Title _____

Dates of Employment (starting/ending) _____

Company/Employer _____

Address _____

Would you like us to keep your employer abreast of your volunteer service and achievements?
(Circle yes or no) **Yes No**

Skills & Experience

Special training, skills, hobbies _____

Groups, clubs, organizational memberships _____

Availability and Volunteer Assignment Preferences *(Please check all that apply)*

I am available: _____ Mornings (Mon-Fri) _____ Afternoons (Mon-Fri) _____ Evenings (Mon-Fri)
_____ Weekends _____ Flexible _____ As Needed _____ Other

If other, please explain: _____

Volunteer Interest: _____ Fundraising _____ Event Assistance _____ Administrative
_____ Mentoring _____ Community Outreach _____ Donation Pickup/Delivery
_____ Other If other, please explain: _____

Please describe your prior volunteer experience (include organization names and dates of service) _____

What experiences have you had that may prepare you to work as a volunteer in the field of domestic violence awareness, child abuse prevention, youth recreation, etc.?

Why do you want to volunteer? What do you want to gain from this volunteer experience?

Have you ever been convicted of a crime? (If yes, please explain the nature of the crime and the date of the conviction and disposition.)

Do you have a valid driver's license? (Circle yes or no) **Yes No**

Do you have a car available for transporting others? **Yes No**

Do you have current car insurance? **Yes No**

References

Please list three people who know you well and can attest to your character, skills, and dependability.

Name/Organization	Relationship to you	Length of Relationship	Phone number
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application and in interviews with G.R.O.W. Foundation that is true, correct and complete to the best of my knowledge. I understand that information contained on my application will be verified by G.R.O.W. Foundation and consent to such verification.

Signature _____ Date _____