

Department of Neighborhood and Community Services

12011 Government Center Parkway, Tenth Floor

Fairfax, VA 22035-1115

Phone: 703-324-4FUN (4386), TTY 711

www.fairfaxcounty.gov/rec

General Volunteer Application (page 1 of 2)

Personal Information				
Last Name		First Name		Middle Initial
Male / Female	Ethnicity		Date of Birth	
Current Street Address				
City		State	Zip Code	
E-Mail Address:		Do you check your e-mail daily? Yes No		
Day Phone:		The best time to contact you: Days or Evenings		
Evening Phone:				
How did you hear about our volunteer program? <i>(Please Circle One)</i> Walk-in Media Friend School Web Page Other: _____				
Work Experience (if applicable)				
Current Job Title			Dates of Employment	
Employer's Name			Address	
City/State/Zip Code			Phone	
Previous Job Title			Dates of Employment	
Employer's Name			Address	
City/State/Zip Code			Phone	
Education				
College/University				City/State
Is this for an internship? Yes No				
Circle Grades Completed 9 10 11 12				
List any hobbies, groups or activities in which you participate:				

Volunteer Experience						
List previous Volunteer Experiences:						
Briefly state why you would like to volunteer:						
Areas of volunteer interest: <i>(Please Circle One)</i> <div style="display: flex; justify-content: space-between; font-size: 0.9em;"> Athletic Services Community Centers Computer Clubhouse Seniors Therapeutic Recreation Teens Virginia Cooperative Extension </div>						
Special Skills						
On the attached list, check any special skill you possess or language in which you are fluent that would be an asset to the volunteer program.						
Availability						
Indicate times available for work						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
When are you available to start as a volunteer:						
Contact Information						
Parent or Guardian Name (if under 18): Phone:				Relationship:		
<u>All volunteers</u> - In case of emergency, contact: Day Phone:				Relationship: Evening Phone:		
References						
1. Name:		Relationship:		Phone:		
Address:						
2. Name:		Relationship:		Phone:		
Address:						
General Volunteer Applicant Statement						
<p>I hereby consent to and authorize the use and reproduction by you, or anyone authorized by you, of any and all photographs and digital images, to include videos, which have been taken of me. I understand I will receive no remuneration for allowing pictures of me to be taken for any purpose whatsoever. All films, digital photograph files, and videotapes shall be your property, solely and completely.</p> <p>If I am accepted into the CRS volunteer program, I agree that I will abide by the requirements of the program, policies and procedures of the program and that I commit to volunteer regularly for the specified duration of the selected program or as agreed upon with CRS staff.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> Signature: Date: </div>						
FOR CENTER/PROGRAM USE ONLY:						
Volunteer Start Date	Volunteer Position		T-Shirt Size (Circle One)			
			Small	Medium	Large	Extra Large