

Beaverdam Park Volunteer Application

Last name:	First:	Middle:
Mailing Address:		
County:	State:	Zip:
Home Phone:	Work Phone:	T-Shirt Size: S M L XL

Please fill in as completely as possible.

Highest Level of Education:	<input type="checkbox"/> Attended High School <input type="checkbox"/> Attended College	<input type="checkbox"/> High School Graduate <input type="checkbox"/> College Graduate
Area of Study:		

Work and/or Volunteer Experience (Please begin with most recent):	
Agency/Business:	Duties:
Position:	
Dates:	
Agency/Business:	Duties:
Position:	
Dates:	
Agency/Business:	Duties:
Position:	
Dates:	
Special Skills, Interests, Hobbies, Talents:	

<p>Work Areas-Please check each work area that interests you:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Park Beautification-Maintain flowerbeds, pruning trees, etc. <input type="checkbox"/> Programs-Assist with environmental education programs <input type="checkbox"/> Park Operations-Assist with office operations and creating park displays <input type="checkbox"/> Trail Maintenance-Assist with maintaining park trails <input type="checkbox"/> Park Events-Assist with special events held in the park <input type="checkbox"/> Construction Projects-Assist park staff with building projects

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Personal References

Full Name	Relationship	Phone Number
1.		
2.		
3.		

Statement of Understanding

I understand and agree that the County of Gloucester has the right to do a criminal background check on any volunteer at any time. I certify that I have never been convicted of a felony. I further certify that the answers given on this application are true and complete. I authorize the investigation of all statements contained in this application.

I understand that false or misleading information given in my application may prevent or terminate my participation as a volunteer. I understand that I am required to abide by all rules and my participation as a volunteer. I understand that I am required to abide by all rules and regulations of the Department and the County of Gloucester, and that I must, therefore, notify my supervisor within 24 hours of the time that I am notified that I am the subject of a criminal investigation by law enforcement or a child protective services investigation by any Department of Social Services.

I further certify that I am not now, nor have ever been, that subject of a child protective services investigation, or any similar such investigation, conducted by a Department of Social Services in Virginia, or by any similar agency in any other state. In addition, I have never been the subject of a founded child protective services complaint in Virginia, or a similar finding in a similar investigation conducted by any other state.

LAST NAME		FIRST NAME		MIDDLE	MAIDEN
SEX	RACE	DATE OF BIRTH		SOCIAL SECURITY NUMBER	
PLACE OF BIRTH (CITY/COUNTY)			PLACE OF BIRTH (STATE/COUNTY)		
SIGNATURE				DATE	