Master Food Volunteer Application

A. GENERAL INFORMATION (please print)

Name ______________________________________________________________________________________________
(LAST) (MIDDLE INITIAL) (FIRST)

Mailing Address _____________________________________________________________
(STREET, BOX, ROUTE, APT #) (CITY) (STATE) (ZIP)

Residence ________________________________________________________________
(Physical location if different than mailing address)

Date of Birth: ____________________________________

B. CONTACT INFORMATION

Phone Daytime: ___________________________________        FAX:  __________________________________________
Phone Evening:  ___________________________________       E-mail:   ________________________________________

Best time to call: ☐ Morning        ☐ Afternoon        ☐ Evening

Emergency Contact Name:______________________________________________________________________________
Phone Daytime: ___________________________________       Phone Evening:  __________________________________

C. VOLUNTEER POSITION

Describe your skills, abilities, and hobbies, as related to this volunteer position:
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Describe your training, formal education, licenses/certification, and experience working with different age groups or targeted
clientele related to this position:
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Language(s) spoken other than English:  __________________________________________________________

D. AVAILABILITY

For what length of time are you willing to volunteer? Over what time period? (Mark all that apply)
☐ Hours per week (please specify)_________________________  ☐ 3 months  ☐ 6 months  ☐ 1 year
☐ Hours per month (please specify)_______________________
☐ Negotiable (please specify)_____________________________  ☐ Other (describe)_______________________________

When are you available to volunteer?
☐ Day        ☐ Weekends        Specific Times: _________________________________________________________
☐ Evening    ☐ I’m flexible       _________________________________________________________

www.ext.vt.edu

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E. REFERENCES

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<tr>
<th>Name</th>
<th>(Phone: Day &amp; Night)</th>
<th>(Email)</th>
<th>(Relationship)</th>
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<th>(State)</th>
<th>(Zip)</th>
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F. DRIVING INFORMATION

Do you have a current and valid driver’s license?  □ Yes  □ No
If yes, issued in the state of ______________________

Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia?  □ Yes  □ No

G BACKGROUND INFORMATION

This information will be kept in a confidential manner and accessible only to authorized personnel. A “yes” answer does not automatically exclude you from becoming a registered VCE volunteer.

Have you ever had any criminal convictions related to:

If “yes” to any of the above, please describe:

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<th>Alcohol or drug abuse?</th>
<th>Yes</th>
<th>No</th>
<th>Have you ever been convicted of any violation(s) of the law?</th>
<th>Yes</th>
<th>No</th>
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<td>If volunteering for a position that requires the operation of a vehicle, have you ever been convicted of any moving traffic violations within the last 5 years?</td>
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I understand that records and criminal background or reference checks may be conducted on me at any time during the application process or during volunteer service of VCE.

_____________________________     _____________________
Signature, Volunteer Applicant                                             Date (mo/day/yr)

H. ENROLLMENT/AGREEMENT

I agree to abide by all policies and procedures of Virginia Cooperative Extension (VCE). I understand that Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, religion, sex, age, veteran status, national origin, disability, or political affiliation. VCE is an equal opportunity employer. I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

_____________________________     _____________________
Signature, Volunteer Applicant                                             Date (mo/day/yr)

FOR OFFICE USE ONLY

This applicant: (pick one)

□ Met qualifications for volunteer position
□ Did not meet qualifications for volunteer position
□ Other: ______________________

_____________________________
Signature, VCE Representative