

CITY OF RICHMOND DEPARTMENT OF PARKS, RECREATION & COMMUNITY FACILITIES
VOLUNTEERS MAKING A DIFFERENCE PROGRAM
VOLUNTEER APPLICATION

ALL VOLUNTEERS AGES 18 AND OLDER DESIRING TO WORK WITH CHILDREN IN PROGRAMS SPONSORED BY THE RICHMOND DEPARTMENT OF PARKS, RECREATION AND COMMUNITY FACILITIES, WILL BE REQUIRED TO UNDERGO A BACKGROUND INVESTIGATION THROUGH THE CHILD ABUSE AND NEGLECT INFORMATION SYSTEM CONDUCTED BY THE VIRGINIA DEPARTMENT OF SOCIAL SERVICES.

NAME _____ PHONE (H) _____ (W) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

SOCIAL SECURITY # _____ BIRTH DATE _____

EMERGENCY CONTACT NAME: _____

TELEPHONE: _____

CURRENT OCCUPATION _____

EMPLOYER _____

PHONE _____

CERTIFICATIONS AND SKILLS

VALID VIRGINIA DRIVER'S LICENSE:

YES ___ NO ___

COMMERCIAL DRIVER'S LICENSE

YES ___ NO ___

TYPE/ENDORSEMENTS: _____

CHAUFFER'S LICENSE

YES ___ NO ___

LIFESAVING:

___ JUNIOR

___ SENIOR

___ WATER SAFETY INSTRUCTOR

FIRST AID-

___ REGULAR

___ EMERGENCY

MEDICAL TRAINING

___ CPR

___ ADVANCED CPR

___ REGISTERED NURSE

___ MEDICAL DOCTOR

OTHER: _____

PLEASE CHECK ANY OF THE FOLLOWING SKILLS YOU POSSESS.

- ARTS & CRAFTS SPORTS COACHING MUSIC/DANCE
- TYPING/OFFICE SKILLS GRAPHIC ARTS HORTICULTURE SKILLS
- PHOTOGRAPHIC SKILLS CARPENTRY/PAINTING ELECTRICAL/PLUMBING--
- FIRST AID SKILLS SWIMMING INSTRUCTOR COMPUTER SKILLS
- WORKING WITH MENTALLY OR PHYSICALLY CHALLENGED YOUTH OR ADULTS

OTHER _____

AVAILABILITY (AT WHAT TIMES ARE YOU INTERESTED IN VOLUNTEERING?)

- WINTER SPRING SUMMER FALL
- FLEXIBLE WEEKENDS WEEKDAYS
- MONDAYS FROM _____ TO _____
- TUESDAYS FROM _____ TO _____
- WEDNESDAYS FROM _____ TO _____
- THURSDAYS FROM _____ TO _____
- FRIDAYS FROM _____ TO _____
- SATURDAYS FROM _____ TO _____
- SUNDAYS FROM _____ TO _____

PERSONAL DATA

HAVE YOU EVER WORKED OR VOLUNTEERED FOR THE CITY OF RICHMOND, DEPARTMENT OF PARKS, RECREATION AND COMMUNITY FACILITIES?

YES NO IF YES, IN WHAT CAPACITY _____

ARE THERE ANY MENTAL OR PHYSICAL LIMITATIONS IN PERFORMING VOLUNTEER ASSIGNMENTS. FOR WHICH ACCOMMODATIONS SHOULD BE MADE?

YES NO IF YES, DESCRIBE _____

HAVE YOU EVER BEEN CONVICTED AS AN ADULT OF A FELONY, INCLUDING SEX OFFENSES, ROBBERY, ASSAULT, MURDER, GRAND LARCENY, ETC.?

YES NO IF YES, DESCRIBE _____

VOLUNTEER'S SIGNATURE

DATE

RETURN TO:

Raqiyah Waajid
VOLUNTEER COORDINATOR DEPARTMENT OF PARKS, RECREATION & COMMUNITY FACILITIES
700 BLANTON AVENUE, RICHMOND, VA 23221 646-1442

OFFICE USE ONLY: LOCATION/PROGRAM: _____ DATE _____

CANIS AUTHORIZATION: _____