

VOLUNTEER APPLICATION

Capital City Youth Foundation
9026 Brigadier Road, Mechanicsville, Virginia 23116
(804)986-8243

This application does not discriminate in securing volunteers on the basis of race, color, religious creed, national origin, sex, or ancestry; or on the basis of age against persons whose age is over 40 or on the basis of handicap or disability and any other characteristic required by law. No question on this form is intended to secure information to be used for such discrimination.

Please fill out all of the sections below:

Applicant Information

Applicant Name:	
Address:	
City, State and Zip Code:	
Telephone Number:	
Email Address:	

Date of Application:	
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Volunteer Position

Position(s) applying for: Coach/Mentor/Support/Trainer/Tutor

How did you hear about this position?	
What days are you available for work?	
What hours or shift are you available for work?	
On what date can you start working if you are hired?	
Do you have reliable transportation to and from work?	

Personal Information

Have you ever applied to or worked for Capital City Youth Foundation before?	Yes	No
If yes, when?		
Do you have any friends, relatives, or acquaintances working for Capital City Youth Foundation	Yes	No
If yes, state name & relationship:		
Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No

What document can you provide as proof of citizenship or legal status?		
Will you consent to a mandatory controlled substance test?	Yes	No
Do you have any condition which would require job accommodations?	Yes	No
If yes, please describe accommodations required below.		
Have you ever been convicted of a criminal offense (felony or misdemeanor)?	Yes	No
If yes, please state the nature of the crime(s), when and where convicted and disposition of the case:		

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Capital City Youth Foundation complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Military:

Are you a member of the Armed Services?	
What branch of the military did you enlist?	
What was your military rank when discharged?	
How many years did you serve in the military?	
What military skills do you possess that would be an asset for this position?	

Previous Volunteer

Organization Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	

Organization Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	

References

Please provide 3 personal and professional reference(s) below:

Reference	Contact Information

Additional Information:

Will you consent to a background check?

What is your coaching background? Include sports coached, years coaching, level of play, and names of

What experience do you have working with children?

Have you ever been involved in an incident of crime against a child?

Volunteer Affirmation

I hereby affirm that my answers to questions on the application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application is cause for denial of this application or termination of my volunteer services regardless of when or how discovered, Capital City Youth Foundation's review and acceptance of background verification and proof of minimum age.

I hereby waive any right to claim that any request or investigation is an invasion of my privacy, since they are made with my consent and it is in my best interest while being considered for a volunteer position.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

Applicant Signature:		Dated:	
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