

Volunteer Application

42 West Main Street |Luray, VA 22835|

Family Assistance & Food Pantry 540-743-4863| Thrift Store 540-743-4357

Contact Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

Why are you interested in volunteering with us?

How did you learn about our volunteer

program? _____

For what length of time are you able to commit as a volunteer?

Availability to Volunteer (mark times you are available)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Other (please explain) _____

Volunteer work preferred (list 1st, 2nd, and 3rd priorities):

	1 st	2 nd	3 rd		1 st	2 nd	3 rd
Administrative Duties				Newsletter production			
Unloading Trucks				Thrift Store			
Customer Service				Board of Directors			
Fundraising				Board Committee			
Special Events				Sorting and Stocking			
Food Bank							

Do you have any physical limitations that would restrict the kinds of activities you can perform while volunteering? Yes No

Employment Information

Current Occupation: _____ Employer: _____

Address: _____ Phone Number: _____

Volunteer Application

Are you a Veteran _____ Yes _____ No Are you of a Military Family _____ Yes _____ No

Have you ever been convicted of a felony? _____ Yes _____ No If yes, what was the offense?

Special skills or qualifications and previous volunteer experience (organization and type of services)

Person to notify in case of emergency:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number (Home): _____ (Work): _____ (Cell): _____

Relationship to you: _____

References: Please provide two references, these should be people not related to you.

1. Name: _____ Daytime Phone: _____ Evening Phone: _____

Relationship to you: _____

2. Name: _____ Daytime Phone: _____ Evening Phone: _____

Relationship to you: _____

Commitment, Confidentiality, Compensation and Liability

I promise to support the mission of Page One of Page County, Inc. to the best of my ability. I understand that this requires me to accept my volunteer assignment as well as guidance and direction from PAGE ONE staff. Additionally, I understand I may be asked to do additional duties not specified in the agreement. I understand that as a PAGE ONE volunteer, I may have access to confidential client, staff, volunteer and or donor information. Furthermore, I agree not to share this information with outside sources either during or after my tenure as a PAGE ONE volunteer. I understand that my attendance and participation are voluntary and are subject to termination at any time. I am aware that there will be no financial compensation for the hours worked at or on behalf of PAGE ONE. I have provided references as requested and understand these references maybe contacted by PAGE ONE as part of the Volunteer Program screening process. I agree to release and hold harmless PAGE ONE from any and all claims or demands for injuries to me or our property while volunteering. It is the policy of this organization to provide equal opportunities without regard to race, religion, national origin, gender, sexual preference, age or disability.

Signature: _____ Date: _____

Print: _____

<i>For office use only</i>		
<i>Start Date</i>	<i>Position Date</i>	<i>By</i>
<i>Assigned Position</i>		
<i>Assigned Shift</i>		
<i>End Date</i>		
<i>Reason for separation</i>		