



Department of Community Revitalization

VOLUNTEER APPLICATION

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

MAILING ADDRESS: Department of Community Revitalization P. O. Box 90775 4062 Crockett Street Henrico, VA 23273-0075 Phone: (804)501-7616 Fax: (804) 501-7630

Our Volunteers Are As Good As Gold!

PERSONAL INFORMATION

Name: _____ First Middle Last

Current Address: _____ Street City State Zip Code

Phone Number: _____ Email: _____

PLEASE WRITE HOURS OF YOUR AVAILABILITY:

Table with 8 columns (Available Hours, Mon., Tues., Wed., Thurs., Fri., Sat., Sun.) and 4 rows (Morning, Afternoon, Evening).

How did you hear about our Volunteer Program, and why would you like to be involved in this effort:

AREA(S) OF INTEREST: (Check all that apply)

Painting _____ Carpentry _____ Home Repairs _____ Environment/Conservation _____ Communication/ Public Speaking _____ Urban Planning _____ Yard work _____ Landscaping _____

The statements made by me in this application are true and complete to the best of my knowledge. I understand that any willful misstatements or material omission on this application will be considered sufficient cause to disqualify me for volunteer opportunities with the County of Henrico.

RELEASE CLAUSE:

During such times as I am a participant in the County of Henrico Volunteer Services Program, I agree to assume full responsibility for such participation and release the County of Henrico from any damages which I may sustain thereby. I fully understand that if my services are no longer needed, or my performance is not acceptable, the County has the right to terminate my services as required and without notice.

Signature of

Volunteer Applicant: _____ Date: _____ Date of Birth: _____

If volunteer applicant is under 18 years of age, a parent / guardian must sign below.

Parent / Guardian signature: _____ Date: _____ Telephone: _____

In case of emergency, please contact: _____ Phone #: _____