



# Group Volunteer Application

**MAILING ADDRESS:**  
Department of Human Resources  
Organizational Learning & Talent Development  
P.O. Box 90775  
Henrico, Virginia 23273-0775

Thank you for volunteering with the County of Henrico! We appreciate the services that your group will be providing us through the County of Henrico Volunteer Program! **This form must be completed and signed by each participant before the group begins the volunteer assignment. It can be emailed, faxed or mailed to the County Volunteer Coordinator at [spo001@henrico.us](mailto:spo001@henrico.us) or to the mailing address above.**

**Note:** In addition to completing this form, all volunteers under the age of 18 must have a parent/guardian sign and complete a [Parental/Guardian Consent for Minor Volunteers](#) form before volunteering with the County.

## Section A (completed by group leader)

Name of Position/Group Activity Applying for: \_\_\_\_\_

Department: \_\_\_\_\_

Group Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

Group Size: \_\_\_\_\_ Group Availability: (e.g. Weekdays, Weekends) \_\_\_\_\_

## Section B (completed by all volunteers)

### Release Clause:

By completing and signing this release clause, each individual agrees to assume full responsibility for such participation and release the County of Henrico from any damages/injuries which they may sustain thereby. Please also note that if your services are no longer needed, or your performance is not acceptable, the County has the right to terminate your services as required and without notice.

Name of Volunteer (Please Print)	Signature of Volunteer	Date	Date of Birth (if under 18)	Emergency Contact Information