

**OAR of Richmond, Inc.**  
**Volunteer Application**  
(Please type or print all information)

**Personal**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail address: \_\_\_\_\_ Best time to reach you: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

How did you hear about us?

\_\_\_ Another agency \_\_\_ Friend/OAR volunteer \_\_\_ OAR website \_\_\_ Other \_\_\_\_\_

**Employment**

Name and address of employer: \_\_\_\_\_  
 (If student, list school) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: \_\_\_\_\_

Type of business: \_\_\_\_\_

Position currently held: \_\_\_\_\_

Length of time with employer: \_\_\_\_\_

**Education**

A. Circle highest grade completed: 7 8 9 10 11 12 Year diploma or GED obtained: \_\_\_\_\_

B. List vocational schools/colleges/universities attended:

Name/Location of Institution	Degree	Major	Dates Attended

If you expect to complete an educational program in the near future, please indicate the expected degree and completion date:

\_\_\_\_\_

**References**

List the names, address, telephone, and relationship of three (3) persons not related to you who know your qualifications:

Name/Address	Telephone	Relationship

**Previous Volunteer Activity**

Please describe any previous volunteer activity, including agency/agencies served: \_\_\_\_\_

\_\_\_\_\_

**Volunteer Service**

A. For which OAR volunteer activity are you applying? \_\_\_\_\_

B. Why are you interested in being a volunteer with OAR? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. To help us match you with assignments, please indicate the types of volunteer activities that interest you. (check all that apply):

\_\_\_\_ Tutoring

\_\_\_\_ Mentoring/Coaching one client

\_\_\_\_ Facilitating a group in a jail

\_\_\_\_ Facilitating a post-release group

\_\_\_\_ Special events/fundraising

\_\_\_\_ One-time projects

D. Preferred service site:

\_\_\_\_ Central Office (Downtown Richmond)

\_\_\_\_ Pamunkey Regional Jail (Hanover County)

\_\_\_\_ Henrico Regional Jail (New Kent County)

\_\_\_\_ Henrico County Jail (Parham Road)

\_\_\_\_ Chesterfield County Jail

\_\_\_\_ Richmond City Jail

E. When are you available to perform volunteer services?

Day(s) of week: \_\_\_\_\_

Time of day or evening: \_\_\_\_\_

F. When would you be able to start? \_\_\_\_\_

G. What method of transportation will you use to get to your volunteer location? \_\_\_\_\_

H. Do you speak any languages (including sign language) other than English? \_\_\_\_ Yes \_\_\_\_ No If "yes", which one(s)?

\_\_\_\_\_

I. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements, specialized skills and life experiences.

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**Miscellaneous**

A. Have you ever been convicted of a law violation(s), including moving traffic violations (excluding offenses committed before your eighteenth birthday which were adjudicated in a Juvenile Court or under a youthful offender law)?  
 Yes  No **If yes, please provide the information below and be specific in your response.**

Conviction date(s): \_\_\_\_\_

Localities of Conviction(s): \_\_\_\_\_

Offense(s) Convicted of: \_\_\_\_\_

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B. Do you have any health restriction of which OAR should be aware? \_\_\_\_\_

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C. To your knowledge, do you have any acquaintances or relatives who are incarcerated at the service site where you would like to volunteer?  Yes  No **If yes, please explain:**

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**I understand that because of the nature of the work of OAR it will be necessary to make appropriate criminal record security checks on all new volunteers. At the time of my record check, I will be required to give my Social Security number to OAR. I understand that any checks will be made in a manner designed to avoid any embarrassment to me and that any information obtained will be kept in strict confidence. I give permission to OAR to check my criminal record. I also understand that I may not be selected to volunteer through no fault of my own, but because of agency requirements.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Return application to:  
OAR of Richmond, Inc.  
One North Third Street, Suite 200  
Richmond, VA 23219  
Phone (804) 643-2746 Fax (804) 643-1187  
volunteerservices@oarric.org  
www.oarric.org