

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

**Personal**

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

Address: \_\_\_\_\_ SS#: \_\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_\_

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

Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Best Time to Reach You: \_\_\_\_\_

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

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

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

**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

C. 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(ies) served: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Volunteer Service**

A. For which OAR volunteer program/position are you applying? \_\_\_\_\_

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

C. Preferred service site:

\_\_\_ Central Office(Downtown Richmond) \_\_\_ Chesterfield \_\_\_ Henrico-East (New Kent County) \_\_\_ Petersburg  
 \_\_\_ Henrico-West (Parham Road) \_\_\_ Pamunkey (Hanover County) \_\_\_ Petersburg-Farm \_\_\_ Richmond

D. When are you available to perform volunteer services?

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

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

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

- F. What method of transportation will you use to get to your volunteer location?  
\_\_\_\_\_
- G. Do you speak any languages (including sign language) other than English? \_\_\_ Yes \_\_\_ No  
If "yes", which one(s)?  
\_\_\_\_\_
- H. 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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 finally adjudicated in a Juvenile Court or under a youthful offender law)?  
  
\_\_\_ Yes Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ No
- B. Do you have any health restriction of which OAR should be aware? \_\_\_\_\_  
\_\_\_\_\_
- C. To your knowledge, do you have any acquaintances or relatives who are incarcerated at the service site where you intend to volunteer?  
  
\_\_\_ Yes Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- \_\_\_ No
- D. How did you hear about this opportunity? \_\_\_\_\_

*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. 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 also understand that I may not be selected to do the type of work that I wish through no fault of my own but because of agency requirements. By signing here I grant OAR permission to check my criminal record.*

\_\_\_\_\_  
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  
[www.oarric.org](http://www.oarric.org)**