FRIENDS OF
GUEST HOUSE
ALEXANDRIA

Volunteer Application Form

Personal

Name_____

Address_____

City/State_____ Zip code_____

Phone {H}_____ {W}_____

Best time to call _____ E-mail:_____

Date of birth_____ | _____ | _____ Are you over 18 years of age? { } Yes { } No

How did you hear about our program?_____

Why are you interested in volunteering?_____

_____

What motivates you to get involved with Guest House?_____

_____

Briefly state what you think would be your strengths and weaknesses in working with Guest House

_____

_____

Please list any special talents, skills or abilities that you would be willing to share with Guest House (writing, graphics, math, accounting, computer, other languages, teaching, signing, etc.):

_____

_____

What type of volunteer services are you interested in (i.e. education, recreation, religious activities, specialized areas)?

_____

_____

Do you have any special needs?_____

Do you have a valid Virginia Driver's License?
{ } Yes { } No

Have you ever been convicted of any law violation(s) including moving traffic violations?
{ } Yes { } No If yes, list all and explain (use additional sheets if necessary)

_____

_____

Have you had a substance abuse problem of any kind in the past 2 years?
{ } Yes { } No

To your knowledge, do you have any acquaintances or relatives who are participating in the program or are employed with Guest House?
{ } Yes { } No

If yes, please give the name(s) and relationship(s): _____

_____

Education
High School_____

College _____

Other _____+_____

Employment
Present Employer_____

Address_____

Your position_____ Work hours_____

Primary Duties/Responsibilities_____

_____

Past Experience
List any positions you have held that might contribute to your working with Guest House. Include salaried and volunteer positions. If you need more space, please attach additional pages.

1. Name and address of organization_____

_____Position_____

Describe how knowledge gained from this position would be helpful for Guest House.

_____

_____

2. Name and address of organization_____

_____Position_____

Describe how knowledge gained from this position would be helpful for Guest House.

_____

_____

References

Please list two (2) references (not family related):

1._____ _____ | _____ | _____|_____
Name Relationship Home # Work #

2._____ _____ | _____ | _____|_____
Name Relationship Home # Work #

The above information is true and correct to the best of my knowledge and I do not object to a criminal records or central registry check. I agree to provide $25.00 toward the cost of the background check.*

Applicant Signature_____ Date_____

Please return via email, fax or mail*:

Email* to: *volunteer@friendsofguesthouse.org*

Fax* to: 703.549.8073

Or mail* to:
Friends of Guest House
One East Luray Avenue
Alexandria, VA 22301

**** $25.00 for background check: If emailing or faxing this application, please send your check separately. If mailing this application, please include your check. Make out check to "Friends of Guest House." Thank you!***

More information: Tel: 703.549.8072 | *www.friendsofguesthouse.org*

(December 2016)

AUTHORITY FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or duly accredited representative of the Department of Corrections bearing this release or a copy thereof, to obtain any information from schools, residential management agents, employers, criminal justice agencies, or individuals relating to my activities. The information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, and conviction records. I hereby direct the release of such information upon the request of the bearer.

This release also authorizes the National Personnel Records Center, or other custodian of my military service record, to release any information and/or copies of documents from my military service record. I understand that the information released is for official use by the Department of Corrections and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including records custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Signature: (Full Name) _____

Print Full Name: _____

Other Names Used:
(Include All Maiden and Aliases) _____

Social Security Number: _____

Date: _____

Current Address: _____

_____

Telephone Number: _____

Date of Birth: _____

Gender: ☐ **Male** ☐ **Female**

Furnishing the requested information is voluntary, but failure to provide all or part of the information may result in a lack of further consideration for employment, or in the termination of your employment.