

Date _____

Returnee: yes ___ no ___

Name _____ / _____ / _____
First (M.I.) Last Day Phone Eve. Phone

Address _____ / _____ / _____
Street City State Zip

School or Employer _____

Highest Grade Completed _____ Degree/Certificates _____

Skills _____

Availability:

Sun Mon Tue Wed Thu Fri Sat

Mornings _____

Afternoons _____

Evenings _____

Preferred Location: Admin _____ Bull Run _____ Central _____ Chinn Park _____ Dale City _____

Dumfries _____ Gainesville _____ Independent Hill _____ Lake Ridge _____ Nokesville _____ Potomac _____

How did you learn about the Volunteer Program? _____

In emergency, please contact _____ / _____
Name Telephone

Are you over 16 ___ under 16 ___ Birthdate: Month ___ Day ___

I acknowledge my child's application to the Volunteer Program, and if my child is accepted, I agree to make the appropriate transportation arrangements.

Parent or guardian _____