



Greene County Family Visitation Center

143 East Market St., Xenia, OH 45385

937- 562-5687 or 937-426-1779 ext. 5687

E-mail: gcvc@co.greene.oh.us

VOLUNTEER APPLICATION

Volunteers must have a willingness to help the children and families of Greene County, good communication skills, and the ability to work well with children of all ages.

Name: _____

Address: _____
Street City State Zip

E-Mail Address: _____ Date of Birth: _____

Driver's License Number (and State issuing): _____

Phone Number(s): Daytime: _____ Evening: _____ Cell: _____

Emergency Contact Person: _____ Telephone Number: _____

Please list three references of people who know you well (other than relatives), preferably for whom you have worked either in a paid or volunteer capacity. If you are currently working as a volunteer, please include the name of your supervisor.

Name	Address (including zip code)	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Formal Education (highest year of school completed): _____ Have you lived in the area 5 years? _____

Do you speak a foreign language(s)? Yes No If yes, which language(s)? _____

Have you ever been convicted of a crime, other than a traffic violation? Yes No If yes, what was the charge? _____

_____ Date convicted: _____ What State/County? _____

Do you consent to a routine check of your criminal record (if necessary)? Yes No

List current and previous volunteer work, clubs, and community organizations (list all previous volunteer work; including brief description of duties and activities, and dates of service.)

What are your reasons for wanting to volunteer at the Visitation Center?

Have you been involved professionally or personally with the following programs/agencies? If yes, please give a brief explanation.

Children Services Board (CSB)? Yes No

Foster Care? Yes No

Court System? Yes No

CASA? Yes No

Other agencies offering services to children?: Yes No

Please explain: _____

How did you learn of our program? _____

Do you have you any particular skills or hobbies, which you would be specifically interested in sharing with the Visitation Center or our families? _____

Employment History (beginning with most current):

Employer	Dates		Job Duties
	From:	To:	
Address	Phone Number		
Job Title			
Supervisor			
Employer	Dates		Job Duties
	From:	To:	
Address	Phone Number		
Job Title			
Supervisor			
Employer	Dates		Job Duties
	From:	To:	
Address	Phone Number		
Job Title			
Supervisor			

I certify that the statements herein contained are true to the best of my knowledge. I understand that any question contained herein or any failure to completely answer any question contained herein, is cause for dismissal from service to Greene County Visitation Center. I further understand that a record check with police agencies may be conducted as part of the application process, and I give Greene County Visitation Center permission to make such a check in order to ensure my suitability for volunteer placement.

I understand and agree that Greene County Visitation Center may make a thorough investigation of my past employment and activities, and I release from liability or responsibility all persons and organizations supplying such information. I also understand and agree that the information obtained may be used by Greene County Visitation Center in any way connected with my involvement in the program.

Signature of Applicant

Date

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(Volunteer Application Form Revised 12-01-06)