

Volunteer Application

Skyline Community Action Partnership
 115 Chapman Street, Orange, VA 22906
 Phone: (540) 672-7490 Fax: (540) 672-7491

Personal Information

Application date _____

Name _____ Address _____

City, State, Zip _____ Home Phone _____

Cell Phone _____ Email _____

What is the best way to contact you? Email Home Phone Cell Phone

Availability

Please write the hours during which you are available

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning Hours						
Afternoon Hours						
Evening Hours						

Where will you be able to work? Orange Madison Standardsville

What is your work preference? Check all that apply

Population	Type of Work	Program
Preschoolers	Office/Clerical	Head Start (3 and 4-year olds)
Children	Public Outreach	Project Discovery (for high school students)
Teenagers	Public Speaking	Thrift Store
Adults	Donation Solicitation/Fundraising	Food Pantry
Seniors	Preschool Classroom Assistant	Administration
Families	Graphic Design	
General	Delivery/Pick-Up of donations	
	Answering Phones	
	Planning/Program Development	
	Event Planning	

Are you legally eligible for employment in the United States? Yes No

(You are legally eligible if you are a US citizen or have an appropriate work permit issued by the US Dept of Justice or US Dept of Labor.)

Have you ever worked under another name? Yes No

If yes, what was that name and what was the reason for the change? _____

Have you ever worked for our company before? ___ Yes ___ No

If yes, what year and in what position? ___ Yes ___ No

Do you have any relatives or friends who work for the company? ___ Yes ___ No

If yes, who and where do they work? ___ Yes ___ No

Have you ever done any volunteer work? ___ Yes ___ No

If yes, describe:

Have you ever been convicted for any violation(s) of law, including moving traffic violations?

(A conviction will not necessarily result in the denial of employment) ___ Yes ___ No

If yes, please provide the following:

Description of offense:

___ Statute or ordinance (if known):

Date of Charge: _____ Date of Conviction: _____

Is your community service required? If so, please check the reason.

___ Court Ordered

___ Received assistance from Skyline CAP and am repaying with service hours

___ School requirement

___ Required by another organization _____

___ Other _____

Number of Hours Required: _____

Other comments, restrictions, preferences, etc.

Personal References

Some programs require three personal references for each volunteer prior to their working with clients. Personal references will be contacted by phone during regular business hours. Please list three individuals who know you personally, are not related to you, and are able to participate in a five-minute phone call during business hours.

Any personal information provided by you and your personal references will be used only when you choose to participate in a volunteer program that requires this and only to determine your eligibility to participate as a volunteer in that specific program

#1 Name: _____ Phone: _____

#2 Name: _____ Phone: _____

#3 Name: _____ Phone: _____