



Adult Volunteer Application

Only completed applications will be reviewed.

Date: _____

Name: _____ ()Mr. ()Mrs. ()Ms.
Street Address: _____ City/State/Zip _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
E-mail: _____ Date of Birth: _____

Why do you want to volunteer at Loudoun Hunger Relief, Inc.? _____

How did you learn about the Volunteer Program at Loudoun Hunger Relief, Inc.? _____

Availability to Volunteer (A commitment to volunteer twice per month is required.)

_____ Monday 9:45am to 1:00pm _____ Tuesday 9:45am to 1:00pm
_____ Wednesday 9:45am to 1:00pm _____ Tuesday 5:30pm to 8:00pm
_____ Friday 9:45am to 1:00pm _____ Thursday 9:30am to 11:30am (Extended Care)
_____ Saturday 9:45am to 1:00pm _____ Thursday 5:30pm to 8:00pm

Are you available to substitute on other days? Yes No If so, when? _____

Type of Volunteer Work Preferred (Indicate 1st, 2nd, 3rd Choice)

_____ Grocery Planner _____ Administrative Duties
_____ Sorting _____ Special Events
_____ Breakdown _____ SNAP
_____ Ambassador _____ Extended Care
_____ Driver (A valid driver's license and satisfactory record is required to perform this job.)

Employment Information

Current Employment: _____ Employer: _____

Past Employment: Employer Position Dates of Service

1. _____
2. _____

Education Information

	Name	Location	Level Completed/Degree	Year Graduated
High School/GED	_____	_____	_____	_____
College/University	_____	_____	_____	_____
Graduate Study	_____	_____	_____	_____

Have you ever been convicted of a felony? Yes No If so, what was the offense? _____

Special Skills or Qualifications

Previous Volunteer Experience (*organization and type of service*): _____

Special Interests / Skills / Hobbies:

_____ Accounting	_____ Advertising	_____ Architecture
_____ Auto Maintenance	_____ Carpentry	_____ Computer Programming
_____ Finance/Banking	_____ Food Handling/Prep.	_____ Legal
_____ Maintenance	_____ Marketing	_____ Newsletters
_____ Nursing	_____ Nutrition	_____ Photography
_____ Parenting	_____ Social Work/Counseling	
_____ Spanish Speaking	_____ Teaching (subjects _____)	

Person to Notify in Case of Emergency

Name: _____ () Mr. () Mrs. () Ms.

Street Address: _____ City / State / Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to You: _____

References

Please provide two references. These should be people *not* related to you.

1) Name: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to You: _____

2) Name: _____

Daytime Phone: _____ Evening Phone: _____

Relationship to You: _____

Commitment, Confidentiality, Compensation and Liability

I promise to support the mission of Loudoun Hunger Relief, Inc. to the best of my ability. I understand that this requires me to accept my volunteer assignment as well as guidance and direction from LHR's Volunteer Coordinator or other LHR Staff. Additionally, I understand I may be required to participate in meetings or trainings as part of my volunteer assignment.

I understand that, as an LHR volunteer, I may have access to privileged client, staff, volunteer and/or donor information. Furthermore, I agree not to share this information with outside sources either during or after my tenure as a LHR volunteer.

I understand that my attendance and participation are voluntary and are subject to termination at any time. I am aware that there will be no financial compensation for the hours worked at or on behalf of Loudoun Hunger Relief, Inc. I have provided references as requested and understand these references may be contacted by Loudoun Hunger Relief, Inc. as part of the Volunteer Program screening process. I agree to release and hold harmless Loudoun Hunger Relief, Inc. from any and all claims or demands for injuries to me or my property while volunteering.

Signature

Date

Name (Printed)

Please submit to: Loudoun Hunger Relief, 750 Miller Drive, Suite A1, Leesburg, VA 20175

Phone: 703-777-5911 email: CFortenberry@LoudounHunger.org

I acknowledge receiving a copy of the Loudoun Interfaith Relief *Volunteer Guidelines*. I have read these guidelines and agree to abide by these policies and procedures.

Signature

Date

Our MissionServing the Hungry in Loudoun County.

<i>For Office Use Only</i>			
Start Date	Position	Date	By
Assigned Position		Assigned Shift	
End Date:			
Reason for termination:			



Loudoun Hunger Relief
 750 Miller Drive, Suite A-1
 Leesburg, VA 20175
 Ph. 703.777.5911

VOLUNTEER REFERENCE FORM

Dear _____ (reference name):

I, _____ (volunteer name), am applying for a volunteer position with Loudoun Hunger Relief. Please complete this reference form about my suitability to work the families in need in Loudoun County. Return the reference via: regular mail, fax, (information above), or email directly to Carla Fortenberry, Volunteer Coordinator, at CFortenberry@LoudounHunger.org.

Please respond to each of the following categories which best describes your knowledge of the applicant's ability in that area and his/her ability for volunteer work.

How do you know this volunteer? Note: A family member is not an acceptable reference source.	<input type="checkbox"/> Former Employee <input type="checkbox"/> Volunteer <input type="checkbox"/> Other				
How long have you known this volunteer?	_____year(s)_____months				
	Poor	Good	Excellent		
Dependability	1	2	3	4	5
Listening Skills	1	2	3	4	5
People Skills	1	2	3	4	5
Communication Skills	1	2	3	4	5
Flexability	1	2	3	4	5

Do you have any reservations recommending this volunteer to work with those in need in our community?

Reference Name (Please Print)

Reference Signature

____/____/____
Date

Loudoun Hunger Relief appreciates your honest opinion and hopes that you feel free to express any concerns that you may have. If you wish to further discuss any concerns, please call the Volunteer Coordinator, Carla Fortenberry at 703.777.5911 ext. 117

Thank you for taking the time to fill this out and help better our wonderful community.

Warm Regards,
Carla Fortenberry