

Youth Volunteer Application (Minimum age is 13)

Only Completed Applications Will be Reviewed

| Name: | | | Date. | |
|---|-----------------------|--|---------------------|--------|
| Street Address: | | City/State/Zip | | |
| Home Phone: | Work Phone: | Cell | Phone | e: |
| E-mail: | | | | |
| Why do you want to volunteer at | Loudoun Hunger Reli | ef, Inc.? | | |
| How did you learn about the Vol | unteer Program at Lou | doun Hunger Relief, Inc | 2.? | |
| Availability to Volunteer Monday 9:45 am to 1:00 pm Wednesday 9:45 am to 1:00 pm Thursday 5:30 pm to 8:00 | pm 00 pm n | o volunteer twice per r Tuesday 9:45am to Tuesday 5:30 pm to Saturday 9:45 am t | 1:00pm o 8:00 pm | ed.) |
| Are you available to substitute or | n other days? ☐ Yes ☐ | No If so, when? | | |
| Type of Volunteer Work Prefer Sorting and Stocking Administrative Duties Special Events Employment Information Position: | | | | |
| Position: Employer's Phone No.: | EIIIÞI | loyer | | |
| Employer 31 none 110 | | | | |
| Education Information | | | | |
| School You | Are | Currently | Attending: _ | |
| | | Address: | | |
| | | | | Grade: |
| | | _GPA: | | |
| List your hobbies and general are | eas of interest: | | | |
| Have you received any awards, h | onors or recognition? | If so, please describe: | | |
| Have you ever been convicted of | a felony? □ Yes □ N | o If so, what was the | offense? | |

continued on reverse

| Previous Volunteer Experience (orga | unization and type of service) | | |
|--|--|---|--|
| Person to Notify in Case of Emerg | | Mr |)Mrg () Mg |
| tract Address: | City / _Work Phone: | State | / 7in: |
| James Dharras | Wark Dhara | State | / ZIp |
| iome Phone: | _work Phone: | cen | Phone: |
| Relationship to You: | | | |
| References Please provide two adult references. e an adult leader, teacher or employ Name: | | er; the second | d adult reference sha |
| Daytime Phone: | Evening |] | Phone: |
| Relationship to You: | | | |
|) Names | | | |
|) Name: | Evening | 1 | Dhono |
| Daytime Phone: | Evening |] | Phone: |
| ther LHR Staff. Additionally, I unde olunteer assignment. understand that, as an LHR volunteer, | ignment as well as guidance and direction retained I may be required to participate I may have access to privileged client, | on from LHR' e in meetings staff, volunteer | or training as part or and/or donor information |
| ther LHR Staff. Additionally, I under olunteer assignment. understand that, as an LHR volunteer, furthermore, I agree not to share this olunteer. understand that my attendance and parat there will be no financial compensate ave provided references as requested as not as part of the Volunteer Program so | ignment as well as guidance and direction restand I may be required to participate | on from LHR' e in meetings staff, volunteen ner during or to termination a f of Loudoun H ontacted by Lo old harmless L | s Volunteer Coordinate or training as part of and/or donor informate after my tenure as a stany time. I am awar Hunger Relief, Inc. I budoun Interfaith Relief |
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Dear_____(reference name):

Loudoun Hunger Relief 750 Miller Drive, Suite A-1 Leesburg, VA 20175 703.777.5911 ~ 703.777.5531 (fax)

VOLUNTEER REFERENCE FORM

| I,(volunteer name), am applying for a volunteer position with Loudoun Interfaith 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. | □ Former Employee □ Volunteer □ Other | | | | | |
| | How long have you known this volunteer? | | _year(s) | mc | onths | | |
| | | Poor | | Good | E: | xcellent | |
| | | | | | | | |
| D | ependability | 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 recommin our community? | nending this volunteer to wo | ork with thos | se in need |
|--|------------------------------|---------------|------------|
| | | | _/ |
| Reference Name (Please Print) | Reference Signature | Date | |
| Loudoun Hunger Relief appreciates yo to express any concerns that you may please call the Volunteer Coordinator, | have. If you wish to further | r discuss any | concerns, |
| Thank you for taking the time to fill this | out and help better our wo | onderful cor | nmunity. |
| Warm Regards, Carla Fortenberry | | | |