



Youth Volunteer Application

(Minimum age is 13)

Only Completed Applications Will be Reviewed

Date: _____

Name: _____

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 preferred.)

- _____ Monday 9:45 am to 1:00 pm
- _____ Tuesday 9:45am to 1:00pm
- _____ Wednesday 9:45 am to 1:00 pm
- _____ Tuesday 5:30 pm to 8:00 pm
- _____ Friday 9:45 am to 1:00 pm
- _____ Saturday 9:45 am to 1:00 pm
- _____ Thursday 5:30 pm to 8:00 pm

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

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

- _____ Sorting and Stocking
- _____ Administrative Duties
- _____ Special Events

Employment Information

Position: _____ Employer: _____

Employer's Phone No.: _____

Education Information

School _____ You _____ Are _____ Currently _____ Attending: _____

Address: _____

Current _____ Grade: _____

GPA: _____

List your hobbies and general areas of interest: _____

Have you received any awards, honors or recognition? If so, please describe: _____

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

continued on reverse

Special Skills or Qualifications

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

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 adult references. One adult reference must be a teacher; the second adult reference shall be an adult leader, teacher or employer.

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 training 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 LIR 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 Interfaith Relief, Inc. as part of the Volunteer Program screening process. I agree to release and hold harmless Loudoun Interfaith Relief, Inc. from any and all claims or demands for injuries to me or my property while volunteering.

 Signature Date

 Name (Printed) Parent / Guardian Signature and Date

Please submit to: Loudoun Hunger Relief, 750 Miller Drive, Suite A1, Leesburg, VA 20175
Phone: 703-777-5911 email: <mailto:cfortenberry@loudounhunger.org>

I acknowledge receiving a copy of the Loudoun Hunger Relief <i>Volunteer Guidelines</i> . I have read these guidelines and agree to abide by these policies and procedures.			
_____ Signature		_____ Date	
<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
 703.777.5911 ~ 703.777.5531 (fax)

VOLUNTEER REFERENCE FORM

Dear _____ (reference name):

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.	<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