



Master Food Volunteer Application

A. GENERAL INFORMATION (please print)

Name					
(LAST)	(MIDDLE INITIAL)	(FIRST)			
Mailing Address(STREET, BOX, ROUTE, APT #)	(CITY)	(STATE)	(ZIP)		
Residence			. ,		
	l location if different than mailing address)				
Date of Birth:					
B. CONTACT INFORMATION					
Phone Daytime:	FAX:				
Phone Evening:					
Best time to call: ☐ Morning ☐ Afternoon ☐	l Evening				
Emergency Contact Name:					
Phone Daytime:	Phone Evening:				
C. VOLUNTEER POSITION					
Describe your skills, abilities, and hobbies, as related to	this volunteer position:				
Describe your training, formal education, licenses/certifi	cation, and experience work	ring with different age	grouns or targeted		
clientele related to this position:	eation, and experience work	ang with different age	groups of targeted		
Language(s) spoken other than English:					
D. AVAILABILITY					
For what length of time are you willing to volunteer? Or	ver what time period? (Marl	c all that apply)			
☐ Hours per week (please specify)	• •	6 months \square 1 yea	r		
☐ Hours per month (please specify)		o months — 1 year	•		
☐ Negotiable (please specify)		☐ Other (describe)			
When are you available to volunteer?					
•					
☐ Evening ☐ I'm flexible					

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E. REFERENCES

Close County Close Clos	(Name) (Street, Route, Box, Apt#)			(Phone: Day & Night)	(Email)	(Relationship)		
(State) (Name) (City) (State) (City) (State) (April) (Belaticanhip) Comment City City City City City City City				(City)	(State)			
Chamb (Phone: Day & Night) (Chamb) (Relationship)	(Name)				(Phone: Day & Night)	(Email)	(Relationship)	
F. DRIVING INFORMATION Do you have a current and valid driver's license? Yes No If yes, issued in the state of Do you currently have the minimum vehicle insurance coverage as required by the Commonwealth of Virginia? Yes No RACKGROUND INFORMATION This information will be kept in a confidential manner and accessible only to authorized personnel. A "yes" answer does not automatically exclude you from becoming a registered VCE volunteer. Have you every had any criminal convictions related to: If "yes" to any of the above, please describe: Yes No Yes No Yes No Alcohol or drug abuse? Have you ever been convicted of any violation(s) of the law? Child abuse or neglect? Have you ever been convicted of any noving traffic elder abuse or neglect? If volunteering for a position that requires the operation of a spousal abuse? Child abuse or neglect? Description of the law? Description of the law? Description of the law of	(Street, Route, Box, Apt#)			(City)	(State)	(Zip)		
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Yes No alcohol or drug abuse?	Have you every had any	crimina	al convicti	ons related to:				
child abuse or neglect?	If "yes" to any of the abo			be:			Yes	No
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□ Did not meet qualifications for volunteer position □ Other:				This applicant: (pick one)				
Other:				☐ Met qualification	☐ Met qualifications for volunteer position			
Signature, VCE Representative Other:					☐ Did not meet qu	ualifications for volunt	eer posit	tion
organisto, CD representative	Signature. VCE Representative			- □ Other:				

Virginia Cooperative Extension _______www.ext.vt.edu