

SCGF Volunteer Application Form

Personal Information:

Name: _____

Address: _____

Phone (Cell): _____ (Home): _____

Email: _____ Date of Birth: _____

How did you hear about the Shepherd's Center of Great Falls?

Volunteer Interests (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> medical appointment driver | <input type="checkbox"/> grocery shopping driver |
| <input type="checkbox"/> friendly caller | <input type="checkbox"/> web site maintenance |
| <input type="checkbox"/> in-home visitor | <input type="checkbox"/> ride coordinator/scheduler |
| <input type="checkbox"/> handy helper | <input type="checkbox"/> fundraising |
| <input type="checkbox"/> board of directors member | <input type="checkbox"/> marketing/publicity |
| <input type="checkbox"/> other _____ | |

Matching Information:

General interests, skills, volunteer experience, languages, and hobbies:

Availability Preference:

I can volunteer: once a week more than once a week as needed

other: _____

Screening Information:

Driver's License #: _____ Expiration Date: _____

Auto Insurance Company: _____ Policy Number: _____

Expiration date: _____

Have you ever been convicted for violation of any laws, traffic or otherwise? yes no

If yes, please explain: _____

Do you have any physical condition that may limit your volunteer activities? yes no

If yes, please describe: _____

Emergency Contact:

Name: _____ Phone Number: _____ Relation: _____

I understand and agree that my volunteer service is at will, which means that it is for no specified period and may be terminated by me or Shepherd's Center of Great Falls at any time without prior notice, for any reason. I understand that misrepresentation or omission of facts may result in rejection of this application or termination.

*I have answered these questions truthfully to the best of my knowledge. I will only use my own vehicle while driving for SCGF, and keep it properly maintained and insured against liability for personal injury and property damage, as required by my state of residence, e.g., Virginia. **I will notify SCGF promptly if I am convicted of any traffic violation, if my driver's license is suspended or revoked, or if my liability insurance policy lapses or is cancelled.** I grant permission to the Shepherd's Center of Great Falls (SCGF) to submit my personal information to IntelliCorp for the purpose of conducting a background investigation.*

Date signed _____

Signature _____

You may email the completed form to: info@thescgf.org or mail it to:

Shepherd's Center of Great Falls
PO Box 64
Great Falls, VA 22066

For additional information, please call 703-586-9696 or visit www.thescgf.org