



Northern Virginia Family Service

# VOLUNTEER REGISTRATION FORM

Date \_\_\_\_\_ Program/Event \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_ (Mo.) \_\_\_\_ (Day) \_\_\_\_ (Yr)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

Technical/Academic/Job Skills: \_\_\_\_\_

Employer or School: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: Cell/Home \_\_\_\_\_ Other: \_\_\_\_\_

How did you learn about NVFS? \_\_\_\_\_

Have you ever been convicted of a crime? (Crime can be defined as an action prohibited by law or a failure to act as required by law). A conviction will not necessarily result in the denial of volunteer service. Yes No

If yes, please explain: \_\_\_\_\_

Are you completing community service hours? Yes No If yes, explain \_\_\_\_\_

If yes, how many hours do you need? \_\_\_\_\_ When is your deadline? \_\_\_\_\_

Please send me:  emails about volunteer opportunities  monthly NVFS e-newsletter

**CONFIDENTIALITY:** As a volunteer with Northern Virginia Family Service, I understand that any staff, client, volunteer or project-related information for which I gain knowledge must be held in strictest confidence. I will respect the rights and privacy of all information pertaining to written consent of the appropriate NVFS authority.

**RELEASES:** I understand the nature of volunteer activities that are to be performed by me may involve physical activity, contact with unidentified and unfamiliar persons, travel to and from project site locations, and other potential risks of injury. I hereby release and discharge Northern Virginia Family Service and any of its directors, officers, employees, partners, affiliates, agents and successors from any and all liability and/or responsibility for any accident or injury to person or property that I may sustain in connection with my participation as a NVFS volunteer. In addition, I give permission to NVFS, and/or parties designated by NVFS, to record the story and/or likeness of the person(s) named below and use such accounts in all forms of media, for any and all promotional purposes including brochures, television interviews, NVFS Reports/Press releases, radio/newspaper/newsletter interviews, photos, public service announcements, fundraising appeals, video production, NVFS website and related internet marketing indefinitely, unless or until I revoke this permission in writing.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are under 18 parent/guardian signature is required

\_\_\_\_\_ Print Parent/Guardian Name

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>NVFS use only:</b>	
( ) Student ( ) Court-ordered ( ) Other	( ) professional volunteer
Total volunteer hours served _____	Type of service performed _____
	Total hours _____ Fair Market Value _____
Program Code: _____	NVFS Representative _____ Phone _____

