

## VOLUNTEER APPLICATION

(Applicants must be at least 18 years old)

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
First
Middle
Last

Home Address: \_\_\_\_\_  
Street
Apt. No.

\_\_\_\_\_

City
State
Zip Code

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

Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yy) Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Are you a citizen of the United States? (Mark One) YES \_\_\_\_\_ NO \_\_\_\_\_

\* If yes, please bring your driver's license or birth certificate to the Volunteer Information Session  
 \* If no, please provide documentation of your status in the U.S.

**INTEREST IN OAR:** (Mark one answer for each question)

Which county are you applying to volunteer in?  
 ( ) Fairfax ( ) Loudoun ( ) Prince William

Do you feel you would be able to work objectively with any type of offender? ( ) Yes ( ) No  
 If no, please explain:

Have you ever volunteered and/or been employed in the Criminal Justice System?  
 ( ) Yes ( ) No If yes, where, and what did you do?

Do you know anyone who is currently incarcerated in a local Adult Detention Center?  
 ( ) Yes ( ) No If yes, please explain:

How did you hear about OAR? \_\_\_\_\_

**EDUCATION COMPLETED:**(with level attained)

GED/High School: \_\_\_\_\_

College: \_\_\_\_\_ Degree: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Other Education and/or Training: \_\_\_\_\_

Professional Certification: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Present Employment: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Position Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

Organization: \_\_\_\_\_ Dates with Organization: \_\_\_\_\_

Volunteer Work Performed: \_\_\_\_\_

Organization: \_\_\_\_\_ Dates with Organization: \_\_\_\_\_

Volunteer Work Performed: \_\_\_\_\_

**HEALTH INFORMATION:**

Do you have any health conditions or allergies which could impair your proficiency in your work? (Mark One)  
( ) Yes ( ) No If yes, please explain:

**ACTIVITY INFORMATION:**

Do you speak any languages other than English?(Check One) ( ) Yes ( ) No

Language: \_\_\_\_\_

Speak fluently  Read fluently  Write fluently

**REFERENCES** (Please provide three references and do not include relatives)

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Street Address: \_\_\_\_\_

Town/City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**VOLUNTEER POSITION(S):** List 1-3 Volunteer Positions that interest you.

I hereby affirm that the information provided by me on this form is true and complete.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

PHONE: 703-246-3033 | FAX: 703-273-7554 | [WWW.OARNOVA.ORG](http://WWW.OARNOVA.ORG) | [INFO@OARNOVA.ORG](mailto:INFO@OARNOVA.ORG)

## Instructions for Adding Text to a PDF Document

- Download and save the file to your computer
- Open the PDF document
- Click on the “Fill & Sign” tab on the right side or top of the document



- The **IAB** cursor will appear on the screen. Move the cursor to the “**NAME**” field.
- Fill out the name field and **ALL** the fields on the application
- Add your **Signature**:



- Click on the **SIGN tab** at the top of the page
- **Follow the instructions to create a signature**
- Drag and drop your signature on the signature line on page #3
- Add the date to the signature line
- Save the completed document to your computer
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