



## ***Volunteer Application***

### **Personal Information:**

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

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

\_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

Date of birth \_\_\_\_\_

How did you hear about the Shepherd's Center of McLean-Arlington-Falls Church? \_\_\_\_\_

### **Volunteer Interests (check all that apply):**

medical appointment driver

grocery shopping driver

friendly caller

web site maintenance

in-home visitor

ride coordinator /scheduler

handy helper

fundraising

board of directors member

marketing/publicity

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:**

Do you have a valid driver’s license?    yes    no    License number: \_\_\_\_\_

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: \_\_\_\_\_ 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 McLean-Arlington-Falls Church 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 hereby give my consent for the Shepherd’s Center to conduct a background check.***

\_\_\_\_\_  
*Signature of Applicant*

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

**Email the completed form to: [info@scmaf.org](mailto:info@scmaf.org)**

**Or mail the completed form to:**

**Shepherd’s Center of McLean-Arlington-Falls Church  
1205 Dolley Madison Boulevard  
McLean, VA 22101-3019**

**For information call 703-506-2199 or visit [www.scmaf.org](http://www.scmaf.org)**