

Community Programs
301 Albemarle Drive
Chesapeake, Virginia 23322
(757) 382-6191
Fax (757) 382-8762
TDD (757) 382-8214

Dear Prospective Volunteer:

Thank you for your interest in Community Programs and your desire to volunteer with our organization. In our efforts to promote positive change in at-risk youth and their families we need volunteers to serve as mentors, advocates, teachers, and role models to boys and girls of all ages. The children and youth we serve are referred by the Juvenile and Domestic Relations Court, churches, schools and other community agencies.

As a volunteer with Community Programs you can choose from a variety of programs that interest you from court oriented programs to environmental programs to employment and family building programs. Volunteering just a few hours each week or month offers you the opportunity to help troubled youth learn to help themselves and find positive ways to live their lives.

Enclosed are descriptions of each of our programs and the application forms. If you should have any questions, please feel free to call me at 382-8196. Thank you for your desire to help our youth and for your volunteer commitment.

Sincerely,

Mary R. Riley

Mary R. Riley
Program Administrator
Community Programs

VOLUNTEER REQUIREMENTS:

Paperwork:

1. Volunteer application
2. Complete the Child Protective Services Request for Search of the Central Registry and Release of Information Form. There is a \$7 processing fee charged to us by the state for this form that must be paid by the volunteer. This form also **needs to be signed in front of a notary**. We have notaries in our office and will notarize the form for you free of charge.
3. Release of information and fingerprint cards. Two cards must be fingerprinted with your prints. This can with be done at the police department or our office. The Police Department fingerprints Monday through Friday from 9 –3 at the Public Safety building located on Albemarle Dr. There is no fee charged to our volunteers. Fingerprinting can also be done at our office by appointment.
4. Three personal or work related references are needed.
5. Program Interest form.
6. Volunteer pledge and confidentiality form.

*** All information is held confidential with Office of Youth Services.

OTHER:

1. Must be at least 21 years of age and successfully complete the background check or participating in a college or graduate internship program.
2. Interview with the Programs Administrator and Program Specialist.
3. Community Programs orientation
4. Individual Program Orientation

Please NOTE:

Once the required paperwork is completed and turned in to Community Programs, we will contact you for an interview. Please note that before you can begin your volunteer services, we must have your references, fingerprint and CPS checks returned from their respective individuals or institutions. This process can take as long as 45 days. Applications may be rejected for applicants that have been convicted of a criminal offense or have a record of child abuse or neglect complaints that were “founded.” We appreciate your patience and understanding of our requirements.

VOLUNTEER APPLICATION

Date: _____

Title: Miss ____ Mrs. ____ Ms. ____ Mr. ____ other ____

Name: _____
 Last First Middle Maiden

Have you been known by any other names? (include previous married names)

Nicknames or how you wished to be called or addressed? _____

Date of Birth: _____ Sex: ____ Race: _____ SSN _____

Current home address: _____

City and zip code: _____

Prior home addresses for the last 5 years (please attach if additional space is needed):

Home Phone: _____ Email address _____ Cell: _____

Education Circle the highest level completed

Grade 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate 1 2 3 4

List areas of study or degrees obtained: _____

Are you currently employed? ____ If yes, employer: _____

May you be contacted at work? ____ If yes, business phone: _____

Do you have any personal/employment constraints that may restrict your time? If yes, please explain:

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Do you have a valid driver's license? ____ If yes, what state: ____

License number: _____ Expiration date: _____

Have you ever been convicted of a misdemeanor or felony? ____ If you have been convicted of a felony we are unable to utilize you as a volunteer. If you have been convicted of a misdemeanor, including traffic offenses please list and explain below.

Describe any volunteer work that you have done: _____

Do you have any special abilities, skills, talents, or hobbies: _____

Do you prefer to work with any particular age group? _____

How did you hear about our program? _____

PROGRAM INTEREST

Which of the following volunteer programs listed below interest you?

_____ Children First

_____ Community Service

_____ Court Appointed Special Advocates (CASA)

_____ Juvenile Conference Committee (JCC)

_____ Facilitating groups for children or adults

_____ Re-entry Program

_____ Community Corrections

VOLUNTEER CONFIDENTIALITY

I fully understand that any information regarding the cases handled by the Juvenile and Domestic Relations Court is strictly confidential. I further understand that it is my responsibility to hold all such information in the strictest confidence. I realize that any breach of confidence is grounds for my being restricted from further participation in the volunteer program and possible prosecution by the client being served.

VOLUNTEER PLEDGE

AS A VOLUNTEER I PLEDGE TO:

1. Keep all matters confidential and to respect other's privacy
2. Be of help to children and to their families
3. Maintain a positive, objective and accepting attitude in my association with all people
4. Have a deep sense of commitment to the rights of youth, to their growth as individuals, and to their development as members of the community.

Signature _____ Date _____

REFERENCES

Please list three personal references NOT related to you and list complete addresses, including zip codes:

1. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____

2. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____

3. Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Relationship: _____

The information supplied by me in this application is true to the best of my knowledge.

Signature _____ Date _____

Please attach any additional information you wish to submit.

PLEASE RETURN COMPLETED APPLICATION TO:

COMMUNITY PROGRAMS
301 ALBEMARLE Drive
CHESAPEAKE, VA 23322
Attention: Kim Finnerty