 Office of Human Resources

**Application to Provide Volunteer Services**

*The University of Mary Washington subscribes to the principles of equal opportunity and affirmative action. The University does not discriminate on the basis of race, color, religion, disability, national origin, political affiliation, marital status, sexual orientation, sex, or age in recruiting, admitting, and enrolling students or in hiring and promoting faculty and staff members. The University will not recognize or condone student, faculty, or staff organizations that discriminate in selecting members. Complaints of discrimination or questions should be directed to the*[*AAEEO Officer of the University*](mailto:sjohnson@umw.edu)*.*

**APPLICANT**

Are you a Current UMW Employee?  Yes  No Are you a Current UMW Student?  Yes  No

Legal Name

Last First Middle

Home/Cell Phone ( ) - Business Phone ( ) -

Home Address

Number & Street

,

City, State, Zip

**EDUCATION**

Check highest grade completed  7  8  9  10  11  12

High School Diploma Received?  Yes  No Do you have a high school equivalency diploma?  Yes  No

Check number of years of post-high school education  1  2  3  4  5  6 or more

|  |  |  |  |
| --- | --- | --- | --- |
| Name/Location of Institution (most recent) | Major or Specialty | Degree Received | Dates Attended |
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If you expect to complete an educational program in the near future, please indicate

Type of Degree Completion Date

RELATED EXPERIENCE

Please provide information about current or past experience relevant to the volunteer position. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position.

May we contact your present supervisor?  Yes  No

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Job Title |  | | | | | | | | |  | Duties |  |
| Immediate Supervisor | | | |  | | | | | |  |  | |
| Supervisor Title | | | |  | | | | | |  |  | |
| Supervisor Contact Number | | | | | ( ) - | | | |  |  |  | |
| Address |  | | | | | | | | |  |  | |
|  |  | | | | | | | | |  |  | |
| Business Phone | | ( ) - | | | | | | | |  |  | |
| Full-time | | | Part-time | | | | Volunteer | | |  |  | |
| Start Date |  | | | | | End Date | |  | |  |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Job Title |  | | | | | | | | |  | Duties |  |
| Immediate Supervisor | | | |  | | | | | |  |  | |
| Supervisor Title | | | |  | | | | | |  |  | |
| Supervisor Contact Number | | | | | ( ) - | | | |  |  |  | |
| Address |  | | | | | | | | |  |  | |
|  |  | | | | | | | | |  |  | |
| Business Phone | | ( ) - | | | | | | | |  |  | |
| Full-time | | | Part-time | | | | Volunteer | | |  |  | |
| Start Date |  | | | | | End Date | |  | |  |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| Supervisor Title | | | |  | | | | | |  |  | |
| Supervisor Contact Number | | | | | ( ) - | | | |  |  |  | |
| Address |  | | | | | | | | |  |  | |
|  |  | | | | | | | | |  |  | |
| Business Phone | | ( ) - | | | | | | |  |  |  | |
| Full-time | | | Part-time | | | | Volunteer | | |  |  | |
| Start Date |  | | | | | End Date | |  | |  |  | |

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:

License (to include driver’s), certificate or other authorization to practice a trade or profession.

|  |  |  |
| --- | --- | --- |
| Type | License Number | Granted By (licensing board) |
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**REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Address | Phone | | | Relationship | |
|  |  | | ( ) - |  | |
|  |  | | ( ) - |  | |
|  |  | | ( ) - |  | |

**MISCELLANEOUS**

Have you ever been convicted\* for any violation(s) of law, including moving traffic violations?  Yes  No

If YES, please provide the following

Description of offense

Statute/Ordinance (if known) Date of Charge

Date of Conviction County, City, State of Conviction

(For additional convictions attach a plain sheet of paper with all the information listed above.)

*\*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.* A conviction does not automatically disqualify you from all volunteer placements. A conviction will be judged on its own merits with respect to time, circumstances, seriousness, and the extent to which it is related to the job for which you are applying.

**CERTIFICATION**

I hereby certify that all entries on the application and any attachment(s) are true and complete.

Applicant Signature Date

**SUPERVISOR CERTIFICATION**

I hereby certify that by signing this application I am aware that a background check is required for all volunteers who are selected.

Supervisor Name Supervisor Signature Date

Is this a Seasonal Volunteer\*?  Yes  No

(\* See Volunteer Policy: http://adminfinance.umw.edu/hr/employment-opportunities/employment-opportunities/volunteer/files/2012/07/Volunteer\_Policy2.pdf)