



220 Hull Street • Suite 100 • Richmond, Virginia 23224  
phone (804) 643-2401 • www.afoi.org • family@afoi.org

# VOLUNTEER APPLICATION

## SECTION ONE

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Email Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Gender \_\_\_\_\_

SS # (last 4 digits) \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

## SECTION TWO

Have you ever been convicted of a misdemeanor or felony (including driving violations)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain.

Have you ever been convicted of any crime of violence against minors? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain.

Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

Are you subject to any court order involving sexual or physical abuse of a minor, including but not limited to, a domestic order of protection? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain.

Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.



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### SECTION THREE

I understand that:

- 1.) This application in no way obligates me to perform any volunteer services;
- 2.) AFOI Board of Directors, Transportation Program, Video Visitation Program and the MAC program may deny a volunteer opportunity to any person who answers any of the questions of Section Two in the affirmative;
- 3.) In applying for a volunteer or mentor position the information which I have furnished on this form is subject to verification, **which may include** a criminal history check and request from any Central Registry of child abusers. For a criminal history check the following information is needed:

Alias/Maiden Name/Nickname \_\_\_\_\_ Race \_\_\_\_\_

- 4.) AFOI Board of Directors, Transportation, Video Visitation and the MAC programs may terminate volunteer or mentor services of any person:
  - > found to have a history of complaints of abuse of a minor and/or,
  - > found to have resigned, been terminated or been asked to resign from a position either paid or volunteer, due to complaint of sexual abuse of minor.

By signing this form, I attest to the fact that the information I have provided is truthful and accurate.

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

**PLEASE INCLUDE A PHOTOCOPY OF A VALID DRIVER'S LICENSE WITH THIS APPLICATION.**

Please submit your completed application to Pamela Adams, AFOI Office Coordinator.

pamela.adams@afoi.org

804.643.2401 x104

# THANK YOU!