



Date of Application		
_____ / _____ / _____		
Month	Day	Year

McLean Community Center Volunteer Application

Thank you for your interest in volunteering with the McLean Community Center!
All volunteer applications are reviewed with consideration of current volunteer opportunities and will be kept until July of the next calendar year.

Personal Details

Name: _____ Male Female over 18 age 16-18

Postal Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Cell) _____ (Home) _____

E-Mail: _____

Birthdate: _____
Month / Day / Year

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Cell) _____ (Home) _____

Provide more detailed information if needed on the separate Emergency Contact Information sheet.

Community Service Opportunities ages 16 and up

Community Service Opportunities are limited at MCC given the number of applications we receive. You will only be contacted for service in the event of need for a particular event. For other opportunities in Fairfax County, please see www.volunteerfairfax.org

- I am interested in earning _____ hours of community service.
- My service hours are due on ___/___/___.
- My service hours are required in connection with a non-violent criminal offense or OAR?
 - An interview will be required. Please explain on Page 3.
- My service hours are in connection with academic or civic merit.

Name of supervisor or teacher _____

Email _____ phone: _____

Organization or School _____

Your Skills and Interests

1. Have you ever done volunteer work before? Yes No

If you answered yes, please tell us a little about the experience.

2. Why do you want to volunteer now? What has motivated you to get in touch with us?

3. What particular skills or qualities do you possess that will be useful in your volunteer work?

4. What kind of volunteer work interests you? Check all that apply:

<input type="checkbox"/>	children's activities	<input type="checkbox"/>	information booth or volunteer check in
<input type="checkbox"/>	selling tickets or admission	<input type="checkbox"/>	event set up
<input type="checkbox"/>	directing vendor traffic during load in	<input type="checkbox"/>	event break down
<input type="checkbox"/>	hospitality	<input type="checkbox"/>	indoor special event activities
<input type="checkbox"/>	crowd counting/attendance	<input type="checkbox"/>	outdoor special event activities
<input type="checkbox"/>	issuing event materials	<input type="checkbox"/>	seated tasks only
<input type="checkbox"/>	can stand at least 2 hours	<input type="checkbox"/>	early bird arriving at 7:00 a.m.
<input type="checkbox"/>	handing out programs/fliers	<input type="checkbox"/>	Other: Explain: _____

6. 98% of our volunteer opportunities occur during weekends. When are you available to volunteer?

Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

References: Please provide two.

1.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

2.

Name: _____ Relationship: _____

Place of Work: _____ Position: _____
(If applicable)

Telephone: (Home) _____ (Mobile) _____

E-Mail: _____

If you have any questions when completing this application form, please contact Peggy Moore at peggy.moore@fairfaxcounty.gov or 703-790-0123

Is there any additional information you would like to bring to our attention?

I declare that the information I have provided is true. All my actions as a volunteer will reflect the highest standards of the McLean Community Center as well as any organization for which I am representing.

Signed _____ Date _____

References Checked: ref 1 _____ *ref 2* _____

Volunteer Placed: _____
