

Loudoun Citizens for Social Justice  
LAWS



VOLUNTEER APPLICATION

Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
(Street) (City) (Zip)

Phone \_\_\_\_\_  
(Day) (Evening)

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

Preferred Time and Method of Contact \_\_\_\_\_

Employment Information (if applicable):

Employer: \_\_\_\_\_ Occupation/Skills:  
\_\_\_\_\_

Are you currently a student? Y N If so, where? \_\_\_\_\_

Education (highest level completed and major if applicable)

\_\_\_\_\_

What skills are you willing to bring to LCSJ, LAWS (example, data entry skills, foreign language, interest in children, presentations, etc...)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you speak a foreign language?

If yes, please list: \_\_\_\_\_

If yes, Would you be willing to offer translation services? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you volunteered before? Y N If so, where and when?

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What life experiences do you have that you feel will help you be a good volunteer at LCSJ, LAWS?

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Reasons you would like to volunteer with LCSJ, LAWS:

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What do you expect to gain from your experiences as a volunteer at LCSJ, LAWS?

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How did you find out about our volunteer program?

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What days/hours are you available? \_\_\_\_\_

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What are your hobbies, interests, clubs and organization involvement?

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Please list two references:

(1)

Name \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to contact \_\_\_\_\_

Relationship \_\_\_\_\_ Years known \_\_\_\_\_

(2)

Name \_\_\_\_\_

Phone: \_\_\_\_\_ Best time to contact \_\_\_\_\_

Relationship \_\_\_\_\_ Years known \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Please sign below to verify that all the information you provided is accurate.

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(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian if under 18)

\_\_\_\_\_  
(Volunteer Coordinator)

Would you be willing to complete a criminal background check (due to our non-profit status, this requires that we request \$25.00 fee)?

\_\_\_\_\_ Yes \_\_\_\_\_ No