



# Greene County Family Visitation Center

143 East Market St. Xenia, OH 45385

Phone: (937) 562-5687

E-mail: [gcvc@greencountyohio.gov](mailto:gcvc@greencountyohio.gov)

## VOLUNTEER APPLICATION

I am interested in  a volunteer position  an internship position (unpaid) Date \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

E-Mail Address: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Driver's License Number (and State issuing): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please list three professional references (other than relatives). List individuals who have knowledge about your skills and abilities such as co-workers, a volunteer supervisor, a pastor, academic professional, etc**

Name	Complete Mailing Address or E-mail Address	Phone

Formal Education (highest year of school completed): \_\_\_\_\_ Degrees or Major \_\_\_\_\_

Do you speak a foreign language(s)?  Yes  No If yes, which language(s)? \_\_\_\_\_

Have you ever been convicted of a crime, other than a traffic violation?  Yes  No If yes, what was the charge? \_\_\_\_\_

\_\_\_\_\_ Date convicted: \_\_\_\_\_ What State/County? \_\_\_\_\_

Do you consent to a routine check of your criminal record (if necessary)?  Yes  No

Have you lived in Ohio for the past 5 years?  Yes  No

List current and previous volunteer work, clubs, and community organizations including a brief description of duties, activities, and dates of service.

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Have you been involved professionally or personally with the following programs/agencies? If yes, please give a brief explanation.

Children Services Board (CSB)?  Yes  No

Foster Care?  Yes  No

Court System?  Yes  No

CASA?  Yes  No

Other agencies offering services to children?:  Yes  No

Please explain: \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

Do you have you any particular skills or hobbies, which you would be specifically interested in sharing with the Visitation Center or our families? \_\_\_\_\_

**Employment History** (beginning with most current)

Employer	Dates		Job Duties
	From:	To:	
Address	Phone Number		
Job Title			
Supervisor			
Employer	Dates		Job Duties
	From:	To:	
Address	Phone Number		
Job Title			
Supervisor			
Employer	Dates		Job Duties
	From:	To:	
Address	Phone Number		
Job Title			
Supervisor			

Greene County is a drug-free workplace. The volunteer/intern agrees to comply with all applicable local, state, and federal laws regarding drug-free workplaces and while volunteering for the County, will not work under the influence of, purchase, transfer, sell, manufacture, deliver, dispense, use, or possess illegal drugs, alcohol, marijuana (medical or recreational), or misuse/abuse prescription drugs in any way. Volunteer will be dismissed for failure to follow this policy.

I certify that the statements herein contained are true to the best of my knowledge. I understand that any question contained herein or any failure to completely answer any question contained herein, is cause for dismissal from service to Greene County Visitation Center. I further understand that a record check with police agencies may be conducted as part of the application process, and I give Greene County Visitation Center permission to make such a check in order to ensure my suitability for volunteer placement.

I understand and agree that Greene County Family Visitation Center may make a thorough investigation of my past employment and activities, and I release from liability or responsibility all persons and organizations supplying such information. I also understand and agree that the information obtained may be used by Greene County Family Visitation Center in any way connected with my involvement in the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date