

# Fairfax Village in the City Volunteer Application Form



**OFFICE USE ONLY**

Rec# \_\_\_\_\_ Date Received \_\_\_\_\_

MAIL OR DROP OFF APPLICATION AT: City Hall, Attn: Village Coordinator, Room 316, 10455 Armstrong Street, Fairfax, VA 22030 or email to [village@fairfaxva.gov](mailto:village@fairfaxva.gov); Questions? Call 703.385.5738

Name \_\_\_\_\_

Street address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Subdivision or neighborhood \_\_\_\_\_

Telephone (best contact #) \_\_\_\_\_ Preferred time to call \_\_\_\_\_

Email address: \_\_\_\_\_ Gender \_\_\_\_\_

## Emergency contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Telephone (best contact #) \_\_\_\_\_ Alternate phone number \_\_\_\_\_

Additional Languages Spoken \_\_\_\_\_

How did you hear about Fairfax Village in the City \_\_\_\_\_

What is your availability to volunteer? (e.g. weekdays, weekends, evenings) Remember, you will be able to pick and choose which requests fit your schedule. \_\_\_\_\_

## VOLUNTEER INTERESTS

Our volunteer program is designed to be flexible and work with your individual interests and schedule. Please indicate what type of service requests you are interested in supporting by checking the boxes below. The Village Coordinator will send you email notice of open requests that pertain to your selections. You can change your service interests at any time.

- Checking in with other members by phone and /or home visits.
- Volunteer Driver: Drivers take members to and from appointments, the grocery store, and social gatherings, and to pick up prescriptions.
- Yard & Garden work: Raking leaves, shoveling snow, or clearing branches after a storm. Assisting with planting flowers & light gardening. Not replacement for regular landscaping/yard maintenance.
- Simple home repairs
- Technology support
- Emergency pet care/walking
- Administrative and office support

Special Interests: If you have a special certification, skill, work experience or hobby that you would like to share with Village members, please note here: \_\_\_\_\_

\_\_\_\_\_

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## ADDITIONAL QUESTIONS:

Have you ever been convicted for violation of any laws? If yes, please explain:

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Do you have any physical condition that may limit your volunteer activities? If yes, please describe:

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## FOR VOLUNTEER DRIVERS, PLEASE FILL OUT THE FOLLOWING SECTION:

Virginia driver license number \_\_\_\_\_

Virginia driver license expiration date \_\_\_\_\_

Auto Insurance Carrier and Policy Number \_\_\_\_\_

Auto Insurance Expiration Date \_\_\_\_\_

Have you ever been convicted of any traffic violations? If yes, please explain: \_\_\_\_\_

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## References:

Please list two people we may contact who are not family members. (You may include employers, teachers, religious leaders, etc.) Please include name, telephone number and relation.

Reference 1: \_\_\_\_\_

Reference 2: \_\_\_\_\_

## Volunteer Agreement of Understanding

As a volunteer for the Fairfax Village in the City, it has been fully explained to me that I may not accept any gift, purchase any item, or sell anything to a participant. By signing this agreement, I agree to abide by these restrictions while I am an active volunteer and after your service has ended. I understand and agree that my volunteer service is at will, which means that it is for no specified period and may be terminated by me or Fairfax Village in the City any time without prior notice.

I understand that my volunteer hours served through this program will **not be** verified for the purposes of completing Court-Appointed or Attorney-Appointed service.

I do hereby give my consent to the City of Fairfax Human Services Department, to secure and authorize such emergency medical treatment as I might require while performing volunteer services. I also agree to pay all the costs and fees contingent on emergency medical care or treatment as secured or authorized under this consent. NOTE: Every effort will be made to notify the emergency contact in case of an emergency.

Participants in the Fairfax Village in the City consent to the Human Services Department's use of photograph or video taken while engaged in Village activities.

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## Confidentiality Statement

I recognize that any and all information shared with me as part of my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations. All data, materials, knowledge and information generated through, originating from, or having to do with the City or persons associated with our activities, is to be considered privileged and confidential and is not to be disclosed to any third party. I will not copy, transcribe, record, or memorize confidential information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned services.

I understand that failure to comply with this confidentiality statement will result in immediate termination of my volunteer appointment.

## Volunteer Release and Waiver of Liability Authorization

The consideration for this Authorization, Release and Waiver of Liability and Indemnity Agreement (hereinafter referred to as the "Agreement") is the participating in volunteer services, which I agree is a service to the community and the City's waiver of any requirement that I carry self-funded liability insurance prior to being allowed to engage in volunteer service. I acknowledge that absent the execution of this Agreement, the City would not have offered me the ability to engage in volunteer service, because of unacceptable exposure to liability claims.

I hereby agree, personally and/or on behalf of myself that participate in volunteer service is only granted by the City because of its understanding that in the event of injury to me, or damage of loss or property, that any insurance policy held by me, which covers such injury or loss shall be the primary source of any recovery.

I, personally and on behalf of my heirs, personal representatives, executors and assigns, HEREBY RELEASE, WAIVE, DISCHARGE, AND CONVENANT NOT TO USE the City of Fairfax, its officers, employees, and agents, individually or in an official capacity for the City (also referred to as "Releasee") from all liabilities, claims, demands, actions, damages, costs or expenses which we may have against any of the Releasee arising out of or in any way connected to participation in the activity, including, travel to or from the activity, for bodily injury, death or property damage suffered by me before, during, or after volunteer service. I understand that this release and waiver includes any claim or action based on the negligence, action or inaction of any release or otherwise.

I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to the negligence of Releasee or otherwise while engaged in or as a result of the activity. I expressly acknowledge and agree that the activity may involve the risk of injury or property damage.

I shall defend (if directed by the City), hold harmless and indemnify the City, its officers, employees and agents, from and against all liability, loss, claims, damages, costs, attorneys' fees and expenses of whatever kind or nature which the City, its officers, employees, and agents may sustain, suffer, or incur, or be required to pay by reason of permitting me to participate in volunteer service, even if allowing me to participate in volunteer service is later found to be wrongful or negligent.

I further expressly agree that the foregoing release and waiver of liability, and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the Commonwealth of Virginia or other State where a claim or action may be instituted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**The City will conduct a background check and will call you to obtain your social security number and date of birth or direct you to a secure website.**

I HEREBY CERTIFY THAT I HAVE READ AND VOLUNTARILY SIGN THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements, or inducements apart from the foregoing written agreement have been made.

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

Parent of Volunteer (if under 18 years old) \_\_\_\_\_ Date \_\_\_\_\_

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