



AURORA HOUSE CONFIDENTIAL APPLICATION FOR VOLUNTEERS

420 South Maple Avenue, Falls Church VA 22046
703-237-6622 (TTY 711) • 703-237-6624 (FAX) • aurora_house@fallschurchva.gov

IDENTIFYING INFORMATION	
NAME	DATE OF BIRTH
COMPLETE ADDRESS (Street, City, Zip Code)	SOCIAL SECURITY #
EMAIL ADDRESS	DRIVER'S LICENSE #
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER
EMPLOYMENT INFORMATION	
CURRENT EMPLOYER	OCCUPATION
COMPLETE ADDRESS (Street, City, Zip Code)	
EDUCATION	
HIGHEST LEVEL OF EDUCATION COMPLETED <input type="checkbox"/> High School <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Graduate	

Please check the area(s) you would like to volunteer at Aurora House.

- | | | |
|--|--|---|
| <input type="checkbox"/> Tutoring | <input type="checkbox"/> House Maintenance | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Recreational | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Other: | <input type="checkbox"/> Baking/Cooking |

Please describe any special skills, training, interests, or hobbies that you feel would be helpful in your volunteering at Aurora house.

If you have preferred days and hours you would like to volunteer at Aurora House, please indicate below.

Previous or present volunteer positions:

Please list the names and contact information of four persons who can provide personal references and who have known you for at least two years. **INCLUDE EMPLOYER.** Please do not use relatives. Please provide all the information requested below; we will contact each person listed before final approval is determined.

NAME	YEARS KNOWN	RELATIONSHIP TO YOU
COMPLETE ADDRESS (Street, City, Zip Code)		
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	EMPLOYER

NAME	YEARS KNOWN	RELATIONSHIP TO YOU
COMPLETE ADDRESS (Street, City, Zip Code)		
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	EMPLOYER

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NAME	YEARS KNOWN	RELATIONSHIP TO YOU
COMPLETE ADDRESS (Street, City, Zip Code)		
DAYTIME TELEPHONE NUMBER	EMAIL ADDRESS	EMPLOYER

THE UNDERSIGNED ACKNOWLEDGES AND AGREES THAT:

1. He/she is not obligated if called upon to perform the volunteer services herein applied for, and that Aurora House is not obligated to assign or actively seek to assign him/her to an adolescent.
2. That as a part of Aurora House's volunteer approval process, a background check, fingerprint cards, and Child Protective Services check will be completed and if needed we may ask for additional personal information from the applicant; and
3. The Aurora House Director reserves the right at all times to terminate any match between any Volunteer and Client for whatever cause.

I hereby affirm that the information given is true and accurate to the best of my knowledge and belief and that I have not withheld any facts or circumstances that would, if disclosed, affect my application unfavorably.

Signature: _____ Date: _____
 (please print form and sign)

