



**Surry County  
Department Youth  
& Family Services**

P.O. Box 65  
11 Lebanon Road  
Surry, VA 23883  
757-294-5278 (Ext.277)  
Sophenia H. Pierce  
Director

Dear Prospective Volunteer(s):

The Surry County Department Youth & Family Services is recruiting caring, adults to assist with our youth and families programs and services.

Individuals and organizations are needed to serve as mentors, tutors, career club speakers, trip chaperones, worksite host, afterschool program aids, and special events volunteers. Adults interested in volunteering with the Surry County Department Youth & Family Services will have an opportunity to make a huge difference in the lives of youth.

Volunteer commitments will vary based upon the activity or service being performed. Individuals can work directly with youth or may serve behind the scene. Organizations can serve as a team to have a greater impact. Our goal is to recruit volunteers and/or organizations to partner with us to develop our young people's knowledge, skills, and abilities while exposing them to new opportunities.

We encourage you to join our T.E.A.M. because "Together Everyone Achieves More! Enclosed is a brochure of our agency and our volunteer application packet. If you should have any questions, please feel free to call me at 757-294-5278 or you may reach me by email at [shpierce@surrycountyva.gov](mailto:shpierce@surrycountyva.gov). Thank you for your desire to help our youth and for your future volunteer commitment.

Sincerely,

Sophenia H. Pierce  
Director

## VOLUNTEER REQUIREMENTS:

### Paperwork

• **All Volunteers** (*applicable to all individuals 18 and older*):

1. Submission of a Volunteer Application and Profile Sheet.
2. Program Interest Form.
3. Volunteer Confidentiality, Code of Ethics, Pledge, Publicity, and Medical Release.
4. Two (2) personal or work related references are needed.

\*\*\* All information is held confidential with SCYFS

**Regular Volunteers** (*This section is for applicable volunteers who engage in regular activities at least twice per month, who will directly supervise students in activities such as tutoring, individual, and group mentoring services.*)

1. Complete the **Child Protective Services Request for Search of the Central Registry**. This form which will be provided to you will **need to be signed in front of a notary**. There are several county employees who can notarize your forms free of charge. The Surry County Sheriff's Department will administer the criminal background (finger prints) check. The SCDYFS staff will gladly schedule an appointment with the Sheriff's Department during a specific time for you and the Sheriff's Office.
2. There is a processing fee charged to us by the state and federal agencies for each of these background checks in which a portion is paid by the volunteer. As a courtesy, a portion of the background checks will be paid by SCDYFS, the Volunteers will be asked to submit a check or money order payable to: the **Treasurer of Surry County in the amount of \$20.00** and a money order payable to the **Virginia Department of Social Services for \$10.00**. This will cover the cost of both background checks. Monies must be collected by the SCDYFS before background checks are conducted.
3. **Release of information**. All applicants will be asked to sign a release of information form which authorizes the SCDYFS to obtain information directly related to the volunteer position.

### OTHER REQUIREMENTS:

1. Individual or group screening interview with the Youth Director and/ or Program Coordinator(s).
2. Agency and or program orientation by designate Office on Youth Staff.

Please NOTE:

Once the required paperwork is completed and turned in to the Surry County Department Youth & Family Services, we will contact you for an interview. Please note that before you can begin your volunteer services, we must have your references, fingerprint and CPS checks returned from their respective individuals or institutions. This process can take as long as 45 days. Applications may be rejected for applicants that have been convicted of a criminal offense or have a record of child abuse or neglect complaints that were "founded." We appreciate your patience and understanding of our requirements.

*Surry County is an Equal Employment Opportunity Employer*

## VOLUNTEER APPLICATION & PROFILE

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Check One: Miss \_\_\_Mrs. \_\_\_Ms. \_\_\_Mr. \_\_\_other \_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Have you been known by any other names? (Include previous married names) Yes\_\_\_ No\_\_\_ Specify: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_ Race: \_\_\_\_\_ SSN (Last 4 Digits) \_\_\_\_\_

Home Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Education: (Circle the highest level completed) Grade 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate 1 2 3 4

List areas of study or degrees obtained: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, employer: \_\_\_\_\_

May we contact you at work? \_\_\_\_\_ If yes, business phone: \_\_\_\_\_

Do you have any personal/employment constraints that may restrict your time? Yes\_\_\_ No\_\_\_ If yes, please explain:

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No. 1: \_\_\_\_\_ Phone No. 2: \_\_\_\_\_

Do you have a valid driver's license? \_\_\_ If yes, what state: \_\_\_\_\_ License number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Do you have a special endorsement? \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ (This does not necessarily exclude you from consideration as a volunteer)

If yes, give dates and details: \_\_\_\_\_  
\_\_\_\_\_

Describe any volunteer work that you have done: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any special abilities, skills, talents, or hobbies: \_\_\_\_\_

\_\_\_\_\_

Do you prefer to work with any particular age group? \_\_\_\_\_ If yes, state preferred age(s): \_\_\_\_\_

Will you travel outside of Surry as a Volunteer? Yes\_\_\_ No\_\_\_

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

How often are you interested in volunteering? \_\_\_\_\_

Please provide your T-Shirt Size, Adult Sizes Only \_\_\_\_\_

**PROGRAM INTEREST FORM**

Please review the volunteer opportunities suggested below, and all that you are interested in or tell us what you would like to do in the space provided.

- Speak on career day.
- Help to organize a college or career fair.
- Share related pictures and souvenirs from personal, or family trips.
- Lead activities and/or teach curriculums.
- Direct a play or skit.
- Teach students a special skill: (Ex. Money management, play chess, or piano) \_\_\_\_\_
- Arrange for curriculum related speakers, exhibits, demonstrations.
- Share a talent, interest, or hobby.
- Serve as a homework helper.
- Tutor individuals or small groups of students.
- Mentor a student interested in your profession (face to face, email, and/or via social media contacts).
- Publish a newsletter.
- Set up and/or help maintain a Website.
- Chaperone a field trip or special camps.
- Organize or participate in special events: (i.e. leadership trainings).
- Organize a fundraiser.
- Offer to donate: \_\_\_\_\_
- Join a special committee or board such as: D19-Coalition Against Alcohol Nicotine Drugs Underage Use (CAANDUU, Anti Bullying Taskforce, Back to School Committee, Men Empowering Young People (MEYP) or Ladies Empowering Young People (LEYP).
- Other Please Specify: \_\_\_\_\_

**VOLUNTEER CONFIDENTIALITY**

I fully understand that any information regarding the cases handled by the Surry County Department Youth and Family Services is strictly confidential. I further understand that it is my responsibility to hold all such information in the strictest confidence. I realize that any breach of confidentiality is grounds for my being restricted from further participation in the volunteer program and possible prosecution by the client being served.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VOLUNTEER PLEDGE (CODE OF ETHICS)**

**AS A VOLUNTEER I PLEDGE TO:**

1. Keep all matters confidential and to respect other's privacy.
2. Be of help to children and to their families.
3. Maintain a positive, objective, and accepting attitude in my association with all people.
4. Have a deep sense of commitment to the rights of youth, to their growth as individuals, and to their development as members of the community.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **REFERENCES**

Please list two personal references NOT related to you and list complete addresses, including zip codes:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

## **PUBLICITY RELEASE**

I \_\_\_\_\_ give my permission to be video-taped and/or photographed while volunteering with the Surry County Department Youth & Family Services Program(s) or participating in any agency sponsored functions. Photographs/videos may be used in any agency advertisements, training, marketing, and other technological publicity projects. I agree that such productions will become property of the SCDYFS.

## **MEDICAL RELEASE INFORMATION**

**Medication cannot be given to participants or volunteers of the Office on Youth.** In case of an emergency, SCDYFS will work to secure the best possible treatment for you. Your signature authorizes the SCDYFS to seek medical attention on your behalf if you are unable to give consent at that time of an emergency.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information supplied by me in this application is true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach any additional information you wish to submit.

PLEASE RETURN COMPLETED APPLICATION IN THE ATTACHED ENVELOPE TO:

**Surry County Department Youth & Family Services**

P. O. Box 65

11 Lebanon Road

Surry, Virginia 23883

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