

# ORANGE COUNTY, VIRGINIA

## OFFICE ON YOUTH

**ALISHA L. I. VINES**  
DIRECTOR

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PHONE: (540) 672-5484  
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**ADDRESS:**  
146 MADISON ROAD  
SUITE 205  
ORANGE, VA 22960

To All Interested Volunteers,

I would first like to thank you for your interest in volunteering this year with our wonderful children's programs. Enclosed you will find all of the necessary paperwork to allow you to make a difference in a child's life.

The first page is a Volunteer Information Sheet that will stay on file with the program coordinator. The second is the Tutor/Mentor Contract that briefly describes your duties and expectations. The next document is the Background Check permission form that will only have to be filled out once every five years unless your information changes. It also allows the Office on Youth to complete a criminal background check on each volunteer. In addition, this form must be completed by each volunteer even if they have had a clear background check through Orange County Public Schools. (If you have had a background check within the last five years with the school system, please note that at the top of the application and our office will verify this with the school administration office.) Each and every volunteer with the Office on Youth is required to have a background check completed every five (5) years in order to continue volunteering with any of our programs.

The last form is a Sworn Disclosure. This form will stand in place of your background check until we receive your cleared report. The Sworn Disclosure will also need to be completed every five years when the background check is updated.

Once these forms are filled out completely, please return them to your school coordinator or to our office at the address above. We will then begin the process of connecting you with a student at the school you have indicated on your application.

Please let me know if you have any further questions or if I can be of more assistance. You may reach me at (540) 672-5484 or via email at [avines@orangecountyva.gov](mailto:avines@orangecountyva.gov). I look forward to hearing from you soon.

Sincerely,

A handwritten signature in cursive script that reads "Alisha L. I. Vines".

Alisha Vines





## Office on Youth Volunteer Contact Information

(Kept on file by program coordinator)



Name \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Please list two emergency contacts:

	Emergency Contact #1	Emergency Contact #2
Name		
Address		
City/State		
Phone		
Relationship		

Are there any medical concerns we need to be aware of? \_\_\_\_\_

In the event the participant whose name appears above becomes sick or injured the emergency contacts will be notified immediately. However, if the participant requires emergency medical treatment, the staff & volunteers of the Orange County Office on Youth is hereby authorized to obtain treatment of the participant by qualified personnel and if circumstances warrant, to allow the transportation of the participant to a hospital. It is understood that this authorization covers only those situations that are true emergencies and the participant cannot make that decision on their own. The person whose signature appears below agrees and understands that he/she will be fully responsible for any medical costs incurred by participant, or on behalf of participant. Orange County Office on Youth/County of Orange does not provide any sort of medical insurance or medical bill expense reimbursement or payment, for or on behalf of any participant. It is also understood that a photocopy of this authorization will be as valid as the original.

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

**Which programs do you wish to volunteer with?**

Breakfast Buddies     Project EXCEL     After-Prom     Other: \_\_\_\_\_

**I would like to volunteer at the following school(s):**

Gordon-Barbour Elementary       Orange Elementary       Unionville Elementary  
 Lightfoot Elementary       Locust Grove Elementary       Locust Grove Primary



Project EXCEL

## **Tutor/Mentor Contract**

As a tutor/mentor with Project EXCEL, I acknowledge that:

1. I will give quality time to the child(ren) assigned to me.
2. I will adhere to the teacher's lesson plan.
3. I will maintain the student log.
4. I will not plan special activities without consulting the coordinator.
5. I will be consistent with my attendance and arrive on time for my tutoring sessions.
6. I will contact the coordinator and the school if I have an emergency and cannot attend a session.
7. I will talk with the coordinator and the teachers regularly.
8. I will be firm but kind to my student(s).
9. I will report any significant behavior problems to the teacher.

Tutor signature \_\_\_\_\_ Date \_\_\_\_\_

Principal signature \_\_\_\_\_ Date \_\_\_\_\_

Coordinator signature \_\_\_\_\_ Date \_\_\_\_\_

# ORANGE COUNTY, VIRGINIA



*First-time*

*Volunteer*

DATE: \_\_\_\_\_

## ***POSITION INFORMATION:***

Position Desired With the Office on Youth:

Breakfast Buddies       Project EXCEL       Michael's Gift  
 After-Prom       Other \_\_\_\_\_

## ***BACKGROUND CHECK INFORMATION:***

Full Legal Name \_\_\_\_\_

Other Names You Have Used (Maiden, Alias, etc.) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address (*where you actually live*) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Previous Address (List all addresses for past 5 years, use extra paper if necessary)

\_\_\_\_\_  
\_\_\_\_\_

## ***CONTACT INFORMATION:***

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Present Employer \_\_\_\_\_ Phone \_\_\_\_\_

Work Address \_\_\_\_\_

**Volunteer Name** \_\_\_\_\_  
(Please Print)

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

I understand and agree that:

1. Orange County can deny any applicant for any reason or no reason at all.
2. This application is valid for one (1) year and a new application must be completed each year.
3. By submitting this application, I, the applicant, affirm that all of the foregoing information that I have provided is true and correct.
4. By submitting this application, I, the applicant, agree (in return for being permitted to volunteer) that, if any of the information provided is found to be incorrect or untrue, I may be removed as a volunteer at any time.
5. By submitting this application, I, the applicant, voluntarily waive my right to privacy to the extent necessary for Orange County to verify this information through any reasonable means, but not limited to local, state, national, and international background checks and to inform those persons within the organizations who are responsible for accepting and/or supervising volunteers of the relevant information regarding me.

**CERTIFICATION AND CONSENT TO RELEASE OF INFORMATION**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.1-382 of the *Code of Virginia*, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services or organizations, including but not limited to, law enforcement information which is related to any disposition of Founded Child Abuse/Neglect in which I am identified as responsible for such abuse/neglect.

Signature \_\_\_\_\_

**Office Use Only:**

Date received: \_\_\_\_\_

Date Sent to SSCI \_\_\_\_\_

Date CHC returned \_\_\_\_\_

Date Recorded \_\_\_\_\_

**SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS**

Please Print

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<b>Last Name</b>	<b>First</b>	<b>Middle</b>	<b>Maiden</b>	<b>Social Security Number</b>
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<b>Current Mailing Address</b>	<b>Street, P.O. Box #, Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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Orange County Office on Youth - 146 Madison Road Suite 205 Orange, VA 22960

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<b>Name of Licensed/Registered Approved Facility/Provider</b>	<b>Street, P.O. Box #, Apt. #</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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Have you lived outside of Virginia in the past five years?     Yes     No

If yes, what state(s) have you lived in: \_\_\_\_\_

*Please respond to all four (4) questions below:*

1. Have you ever been convicted of or are you the subject of pending charges of any crime within the Commonwealth of Virginia?     Yes (convicted in Virginia)     Yes (pending in Virginia)     No

If yes to convicted or pending, specify crime(s): \_\_\_\_\_

\_\_\_\_\_

2. Have you ever been convicted of or are you the subject of pending charges of any crime outside the Commonwealth of Virginia?     Yes (convicted outside Virginia)     Yes (pending outside Virginia)     No

If yes to convicted or pending, specify crime(s) and state, or other location: \_\_\_\_\_

\_\_\_\_\_

3. Have you ever been the subject of a founded complaint of child abuse or neglect within the Commonwealth of Virginia?     Yes (in Virginia)     No (in Virginia)

4. Have you ever been the subject of a founded complaint of child abuse or neglect outside the Commonwealth of Virginia?     Yes (outside Virginia)     No (outside Virginia)

If yes, specify state, or other location: \_\_\_\_\_

**I hereby affirm that the information provided on this form is true and complete. I understand that the information is subject to verification and that making a materially false statement or affirmation is a Class I misdemeanor.**

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Signature

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Date