



ASSISTING FAMILIES OF INMATES

. 1 North Fifth Street . Suite 416 . Richmond, Virginia 23219 .
. phone (804) 643-2401 . fax (804) 643-2464 . www.afoi.org .

Volunteer Application

Section One

Name _____

Home Address _____

Email Address _____

Home Phone # _____ Work Phone # _____ Gender _____

Social Security # _____

Driver's License # _____ State _____ Expiration Date _____

Section Two

›Have you ever been convicted of a misdemeanor or felony (including driving violations)? Yes _____ No _____
If yes, please explain.

›Have you ever been convicted of any crime of violence against minors? Yes _____ No _____
If yes, please explain.

›Have you ever been adjudged liable for civil penalties or damages involving sexual or physical abuse of children?
Yes _____ No _____ If yes, please explain.

›Are you subject to any court order involving sexual or physical abuse of a minor, including but not limited to, a domestic order of protection? Yes _____ No _____
If yes, please explain.

›Have your parental rights ever been terminated for reasons involving sexual or physical abuse of children?
Yes _____ No _____ If yes, please explain.

Section Three

I understand that:

- 1.) This application in no way obligates me to perform any volunteer services;
- 2.) AFOI Board of Directors, Transportation Program, Video Visitation Program and the MAC program may deny a volunteer opportunity to any person who answers any of the questions of Section Two in the affirmative;
- 3.) In applying for a volunteer or mentor position the information which I have furnished on this form is subject to verification, **which may include** a criminal history check and request from any Central Registry of child abusers. For a criminal history check the following information is needed:

Maiden Name _____ Race _____

- 4.) AFOI Board of Directors, Transportation, Video Visitation and the MAC programs may terminate volunteer or mentor services of any person:
 - › found to have a history of complaints of abuse of a minor and/or,
 - › found to have resigned, been terminated or been asked to resign from a position either paid or volunteer, due to complaint of sexual abuse of minor.

By signing this form, I attest to the fact that the information I have provided is truthful and accurate.

Signature _____ Date _____

**PLEASE INCLUDE A PHOTOCOPY OF A VALID DRIVER'S LICENSE WITH THIS APPLICATION.
THANK YOU!**