



Riverside Lifelong Health

Volunteer Application Form

Applicant Type:

- Student (MUST BE 14)
- Adult
- Resident

Thank you for your interest in volunteering with Riverside!! All volunteer applications are reviewed with consideration of current availability for volunteer opportunities. Volunteer applicants and volunteers within Riverside Health System shall be afforded equal opportunities in all aspects without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

CONTACT INFORMATION

Name: Last _____ First _____ Middle Initial _____

Address: _____ City _____ Zip _____

Phone: (Home) _____ (Mobile) _____

Email Address: (Please print clearly) _____

VOLUNTEER PREFERENCE

At which location(s) do you wish to volunteer? (Select all that apply)

- The Gardens Hampton Mathews The Orchard Patriots Colony Saluda
- Sanders Smithfield Warwick Forest West Point

What type of volunteering are you interested in? (Select all that apply)

- Clerical work Answer phones Restock supplies Push patients in wheelchairs Feeding (Training Req)
- Distributing water and ice Welcoming visitors Offer bedside companionship One-on-One Visitor
- Music Enthusiast (instrumental or vocal) Assist in transporting residents Drink/Snack cart
- Pet Visitor/Pet Therapist (proper documentation and special permission needed)

Please list your availability (check days you are available & write in times you are available)

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____

EXPERIENCE

Please list any personal/work experience that would assist in the position for which you are volunteering?

Have you ever volunteered for RHS? Yes No If yes, what position? _____

BACKGROUND INFORMATION

Have you ever been discharged or asked to resign from an employer and/or volunteer service?

Yes No If yes, please explain.

Have you ever pleaded guilty or been convicted of a crime other than a traffic violation?

Yes No If yes, please provide:

Description of offense:

Date of Conviction: _____ City/County, and State of Conviction: _____

REFERENCES

List names, email addresses and phone numbers for three persons (not relatives) who can provide personal/professional reference:

Name	Email Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

I understand and agree that completing this application form does not automatically register me as a volunteer. There are certain qualifications I must meet, including a criminal background check and the acceptance of the established volunteer policies and procedures before I may begin volunteering.

Signature: _____ Date: _____



SWORN STATEMENT OR AFFIRMATION
FOR ADULT FACILITY EMPLOYEES

To the Applicant:

Section 63.2-1720 of the Code of Virginia requires that any person desiring work at a licensed assisted living facility or licensed adult day care center provide the hiring facility or center with a sworn disclosure statement or affirmation disclosing any criminal convictions or pending criminal charges, whether within or outside the Commonwealth of Virginia.

The law prohibits licensed assisted living facilities and licensed adult day care centers from hiring any individuals convicted of a barrier crime. However, applicants convicted of one misdemeanor barrier crime not involving abuse or neglect may be hired if five years have elapsed since the conviction.

Any person making a false statement on this form regarding any criminal offense shall be guilty of a Class 1 misdemeanor.

Further dissemination of the background check information provided on this form is prohibited other than to the Commissioner's representative or a federal or state authority or court as may be required to comply with an express requirement of law for such further dissemination.

Please Print

1. _____
Last Name First Middle Maiden Social Security Number

Address Street/P.O. Box/Apt. # City State Zip Code

2. Have you ever been convicted of a law violation(s) but excluding offenses committed before your eighteenth birthday that were finally adjudicated in a juvenile court or under a youth offender law? yes no

If yes, list all and explain _____

3. Are you the subject of any pending criminal charges? yes no

If yes, explain _____

4. I hereby affirm that the information provided on this form is true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment offered by this facility. I understand that all information on this form is subject to verification.

Applicant's Signature _____ Date: _____

NOTE TO LICENSEE: This form must be retained for all compensated employees.

CRIMINAL HISTORY RECORD NAME SEARCH REQUEST

PURPOSE OF THIS REQUEST (Check only one):

- DOMESTIC ADOPTION INTERNATIONAL ADOPTION _____ COUNTRY
 VISA (INTERNATIONAL TRAVEL) OTHER (please specify) EMPLOYMENT

NAME INFORMATION TO BE SEARCHED:

LAST NAME FIRST NAME MIDDLE NAME MAIDEN NAME

RACE **SEX** **DATE OF BIRTH** **SOCIAL SECURITY NUMBER**
 / / (MM/DD/YYYY)

AFFIDAVIT FOR RELEASE OF INFORMATION:

I hereby give consent and authorize the Virginia State Police to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

Signature

State of _____ County City of _____ ; to wit: Subscribed and sworn to before me on: _____ (MM/DD/YYYY)

My commission expires: _____ My registration # is: _____

Signature of Notary Public

SIGNATURE OF PERSON MAKING REQUEST:

As provided in Section 19.2-389, Code of Virginia, I hereby request the criminal history record of the individual named above and swear or affirm I have the consent of the individual to obtain their record and will not further disseminate the information received, except as provided by law.

Signature of Individual Making Request

State of _____ County City of _____ ; to wit: Subscribed and sworn to before me on: _____ (MM/DD/YYYY)

My commission expires: _____ My registration # is: _____

Signature of Notary Public

NAME AND MAILING ADDRESS OF AGENCY, INDIVIDUAL OR AUTHORIZED AGENT MAKING REQUEST:

Mail Reply To:

NAME Riverside Talent Recruitment Center	
ATTENTION	
ADDRESS 12420 Warwick Blvd, Building 6, Ste 6B, 2nd Floor	
CITY STATE ZIP CODE Newport News VA 23606	

FEES FOR SERVICE:

- | | |
|---|--|
| <input type="checkbox"/> \$15.00 CRIMINAL HISTORY SEARCH
<input type="checkbox"/> \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH | * FEES For Volunteers with Non-Profit Organizations:
<input type="checkbox"/> \$8.00 CRIMINAL HISTORY SEARCH
<input type="checkbox"/> \$16.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH |
|---|--|

* To be entitled to reduced price, services must be on volunteer basis for a non-profit organization with a tax exempt number. Attach documentation to form which supports volunteer status and include organization's name, address, and the tax exempt identification number.

METHOD OF PAYMENT: (Note: Personal Checks Not Accepted)

- Business or Certified check or Money order (payable to Virginia State Police)
CHARGE CARD: MasterCard OR Visa VISA
 Account Number: _____ Expiration: ____/____/____

Mail Request To:

Virginia State Police
 Central Criminal Records Exchange - NF
 P. O. Box 85076
 Richmond, Virginia 23261-5076

Signature of Cardholder: _____

Virginia State Police Charge Account Number: A1435

ATTN: NEW FORM

FOR STATE POLICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Response based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

- | | |
|---|---|
| <input type="checkbox"/> No Conviction Data - Does Not Preclude the Existence of an Arrest Record
<input type="checkbox"/> No Criminal Record - Name Search Only
<input type="checkbox"/> No Sex Offender Registration Record | <input type="checkbox"/> No Criminal Record - Fingerprint Search
<input type="checkbox"/> Criminal Record Attached |
|---|---|

Purpose code: C
 N
 O

Date: _____ By CCRE/ _____