



SERVING THOSE WHO SERVED

VOLUNTEER APPLICATION

Thank you for your interest in volunteering for the Connecticut Department of Veterans Affairs. Applicants are to complete this application, verification form, and provide three references from non-related persons. If applicable, former supervisors would be appropriate.

Name: Last, First _____

Mailing address:
Street, City, State, Zip _____

Phone number: _____

E-mail address: _____

Date of birth: Month/Day/Year _____

Gender: Male Female Non-binary

Indicate highest level of education: High School College Technical School
 Other (please specify): _____

Employment experience (include present employment): _____

Foreign language(s) spoken: _____

Physical limitations: Yes No If yes, please specify:

Have you ever been a volunteer? Yes No
If yes, where: _____

If yes, dates: _____

If yes, describe activities: _____

List memberships in civic/fraternal/religious organizations or other organizations:

Are you volunteering in affiliation with a veteran’s organization/church/school, or other group or program? Yes No If yes, specify: _____

Have you ever had any experience with veterans or working with elderly/disabled:

Yes No

If yes, please describe briefly: _____

Write a brief statement as to why you want to volunteer at CT Department of Veterans Affairs: _____

Can you spend at least 3 hours per month volunteering on weekdays during daytime hours? Yes No

Do you agree to participate in a volunteer orientation, complete necessary and ongoing training classes, and uphold patient privacy rights? Yes No

How did you learn about this opportunity? _____

Race & Ethnicity (optional):

Race: American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White Other _____

Ethnicity: Hispanic, Latino, Spanish Origin Not of Hispanic, Latino, Spanish Origin

I certify that the above information is true to the best of my knowledge and belief. I understand and agree that any false statement or omission of material fact(s) may cause my application to be denied.

Applicant signature: _____

Date _____

Please forward completed application, verification form, and three references to:

CT Department of Veteran Affairs

ATTN: Manager of Community Advocacy

287 West Street

Rocky Hill, CT 06067

E-Mail: DVA-Commissioner@ct.gov



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VOLUNTEER VERIFICATION FORM

Name of Volunteer: _____

Address: _____

Phone: _____ Email: _____

Social Security No.: _____ Date of Birth: _____

Have you ever been arrested, convicted, fined, placed on probation, or been given a suspended sentence in any court (not minor traffic violation) in your name or in any other name? Any conviction of a criminal offense must be disclosed on this information sheet.

Yes No If yes, please provide dates and details:

<u>Date</u>	<u>Place (City/State)</u>	<u>Offense</u>	<u>Disposition</u>

Has your driver's license ever been revoked or suspended? Yes No If yes, please explain: Date: _____ Reason: _____

Driver's License Information (State and Number): _____

Insurance Carrier: _____

I certify that the above information is true to the best of my knowledge and belief. I understand and agree that any false statement or omission of material fact may cause forfeiture on my part of all rights to participate as a DVA Volunteer. I also give permission for you to verify the above information with appropriate police authorities. I release from all liability or responsibility for damage whatsoever any employee of the Department of Veterans Affairs and all persons, schools, companies, corporations or organizations who provide information or render an opinion. *UPON DESIGNATION, DVA MANAGER OF COMMUNITY ADVOCACY WILL SIGN THE BOTTOM.

Volunteer Applicant Signature

Date

Manager of Community Advocacy Signature

Date



SERVING THOSE WHO SERVED

VOLUNTEER REFERENCE

Name of Volunteer: _____

Name of Reference: _____

Address: _____

Phone: _____ Email: _____

Length of time known: _____

In what capacity: _____

Strengths individual would bring to volunteer experience: _____

Do you have any reservations about the volunteer applicant? Yes No If yes, please explain:

Overall Comments: _____

Reference Signature: _____

Date: _____



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