

Bedford Community Christmas Station Volunteer Form

510 Blue Ridge Ave. / P.O. Box 1353, Bedford, VA 24523

_____		_____		_____	
Last Name (Print)		First		Middle/Maiden	
Current Mailing Address	_____				
Home Phone	_____	Cell Phone	_____	Text Ok?	<input type="checkbox"/>
Email Address	_____				
Who referred you?	_____				

If you need documentation related to your volunteer work, please provide the name and address below:

Please check the volunteer opportunities that interest you:

- CSX (Christmas Program)** (Volunteer during the distribution days in December)
- Work our Fundraising Sales (Feb. - Sept.)** *Tuesdays* *Wednesdays* *Saturdays*
- Fundraising Sales Donation Processing (Feb. - Sept.)** *Mondays* *Thursdays*
- Program Committee Member** (Work at eligibility screenings for programs and distribute program flyers)
- Fundraising Committee Member**

CONFIDENTIALITY STATEMENT:

*As a volunteer with BCCS, I understand that I will encounter confidential client information.
I will not discuss any information about BCCS clients with anyone other than the BCCS Board of Directors.
I agree to allow representatives of the BCCS to share and receive information with individuals/agencies/educational institutions regarding any aspect of my volunteer experience.*

- 1) Have you ever been convicted of, or the subject of, pending charges of any crime WITHIN Virginia?
 Yes, Convicted Yes, Pending No
If Yes, specify crime(s): _____
- 2) Have you ever been convicted of, or the subject of, pending charges of any crime OUTSIDE of Virginia?
 Yes, Convicted Yes, Pending No
If Yes, 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 Virginia?
 Yes No
- 4) Have you ever been the subject of a founded complaint of child abuse or neglect OUTSIDE of Virginia?
 Yes No
If Yes, specify State or other location: _____

SWORN STATEMENT OR AFFIRMATION

*I hereby affirm that the information provided on this form is true and complete. I understand that making a materially false statement or affirmation about convictions/complaints is a CLASS I Misdemeanor.
I understand that BCCS is not responsible for any injuries that may occur while I am on the premises.*

Volunteer Signature	_____	Date	_____
BCCS Representative Signature	_____	Date	_____