



312 Waller Mill Road, Suite 405
Williamsburg, Virginia 23185
Website: www.wjcc-caa.org
Email: caa@wjccactionagency.org

Main Office: (757) 229-9332 / Fax: (757) 229-9336
Head Start: (757) 229-6417 / Fax: (757) 229-1028
Weatherization & Housing: (757) 229-9389
Community & Youth Services: (757) 229-3316

CAA Volunteer Packet

We are delighted and grateful that you have chosen to volunteer for our agency. Volunteers play a vital role in the support of our agency and this allows us to reach our mission to help those in our community. Before beginning your journey as a volunteer there are some required forms and background checks that must be completed. To ensure the safety of the children every volunteer is required to fill out a Criminal and Child Protective Services (CPS) background check form. The CPS form must be notarized and can be done by our office at no charge, please ensure that you have a valid ID available. **The background checks must come back satisfactory before you can begin volunteering.** Please fill out the following forms:

- **Volunteer Application**
- **Criminal Check Form (Highlighted Area)**
- **Child Protective Services Form (Highlighted Area)**
 - Needs to be signed in front of a Notary
- **Sworn Statement**
- **Confidentiality Statement**
- **Emergency Contact Form**

You will be assigned a volunteer supervisor based upon your volunteer task(s). We will notify your volunteer supervisor once all information has been received and you have been approved to volunteer. Your supervisor will contact you in regards to your volunteer status/involvement.

We would like to thank you in advance for your consideration and future involvement with our agency. Should you have any questions or concerns please feel free to contact your volunteer supervisor or Human Resources Representative, Rebekah Hinson at 757-229-9332.

Thank you,

Rebekah Hinson

Rebekah Hinson, Financial Accountant
W-JCC Community Action Agency
757-229-9332 (Phone)
757-229-9336 (Fax)

WILLIAMSBURG – JAMES CITY COUNTY COMMUNITY ACTION AGENCY MISSION STATEMENT –

To act as a trusted resource of integrated services and community partnerships, that promotes self-sufficiency for individuals and families in targeted communities.

This institution is an equal opportunity provider and employer.



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VOLUNTEER APPLICATION

Name: _____ Phone: (757) _____

Address: _____

U.S. Citizen: Yes ___ No ___ Social Security Number: _____ - _____ - _____

E-Mail Address: _____ Cell Phone: _____

Dates & Times Available:

Mondays: From _____ to _____ ; or _____ Hours per day
Tuesdays: From _____ to _____ ; or _____ Hours per day
Wednesdays: From _____ to _____ ; or _____ Hours per day
Thursdays: From _____ to _____ ; or _____ Hours per day
Fridays: From _____ to _____ ; or _____ Hours per day

Read Carefully Before Signing

I understand that as a volunteer for the Williamsburg – James City County Community Action Agency all information is confidential. I will not discuss the content of files that I may come in contact with. If there are any conflicts or concerns I will discuss them with the person assigned as my immediate supervisor.

Applicant's Signature: _____ Date: ____/____/____

Emergency Notification:

Name: _____ Relationship: _____

Phone: Work: (757) - _____ Home: (757) - _____ Cell: (757) - _____

Address: _____

Search Fee \$10.00

Purpose of Search, Check one: Adam Walsh Law Adoptive Parent Babysitter/Family Day Care
 CASA Children's Residential Facility Custody Evaluation Day Care Center Foster Parent
 Institutional Employee Other Employment School Personnel Volunteer Other

MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search

Name Williamsburg-James City County Community Action Agency	Payment/FIPS Code (Use only if assigned by OBI-CRU)
Address 312 Waller Mill Rd. Suite#405	7324
City Williamsburg State VA Zip 21385	
Contact Name HR - Support Services Tel.# 757-229-9332 Ext	
Contact E-Mail hrcaa@wjccactionagency.org	
Mandatory if agency code has been assigned	

PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED

Last Name	First Name	Full Middle Name – (given at birth) - No initials (if middle name is an initial, indicate "Initial Only")		
Maiden Name (last name before marriage)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Race	
Driver's License Number or ID #	Social Security Number	Other names used; nicknames, legal names (refer to instruction page)		
Current Address (Include Street # and Apt #)	City	State	Zip	

Applicant's Prior Addresses

Include Street # and Apt #	City	State	Zip	Start Date (MM/YY)	End Date (MM/YY)

Marital Status Single Married Divorced Widowed Partner

If married, list current spouse. If previously married, list all previous spouses. If you have never been married, write 'N/A'.

Last Name	First Name	Full Middle Name (given at birth)	Maiden Name	Race	Sex	Date of Birth (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

Last Name	First Name	Full Middle Name (given at birth)	Relationship	Sex	Date of Birth (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



Search Fee \$10.00

PART II: CERTIFICATION AND CONSENT FOR 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 2.2-3806 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 which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect. I have provided proof of my identity to the Notary Public prior to signing this in his/her presence.

Signature of person whose name is being searched
(Sign in presence of Notary)

Parent or Guardian signature required for minor
children under the age of 18

PART III: CERTIFICATE OF ACKNOWLEDGEMENT OF INDIVIDUAL

City/County of _____

Commonwealth/State of _____

Acknowledged before me this _____ day of _____, year _____

Notary Public Signature

Notary Number

My Commission Expires: _____

Notary Seal

PART IV: CENTRAL REGISTRY FINDINGS – COMPLETED BY CENTRAL REGISTRY STAFF ONLY

1. We are unable to determine at this time if the individual for whom a search has been requested is listed in the Central Registry. Please answer the following questions and return to the Central Registry Unit in order for us to make a determination:

Worker: _____ Date: _____

2. _____ Based on information provided by the Local Department of Social Services, we have determined that _____ is listed in the Child Abuse/Neglect Central Registry with a founded disposition of child abuse/neglect. For more detailed information, contact the

_____ Dept. of Social Services in reference to referral _____ phone# _____

_____ Dept. of Social Services in reference to referral _____ phone# _____

3. _____ As of this date, based on the information provided, the individual whose name was being searched is **NOT** identified in the Central Registry of Child Abuse/Neglect.

Signature of worker completing search: _____ Date: _____

OBI Staff Only

CRIMINAL HISTORY RECORD/SEX OFFENDER AND CRIMES AGAINST MINORS REGISTRY SEARCH FORM

Mail Request To:

Virginia State Police
CCRE – Attention New Form
P.O. Box 85076
Richmond, Virginia 23261-5076

PURPOSE OF THIS REQUEST (Check only one):

-
- CHILD CARE
-
-
- DOMESTIC ADOPTION
-
-
- ADULT CARE
-
-
- NURSING HOME OR HOME HEALTH

-
- VIRGINIA PUBLIC SCHOOLS
-
-
- INTERNATIONAL ADOPTION COUNTRY: _____
-
-
- FOSTER CARE
-
-
- EMPLOYMENT
-
-
- OTHER (Please Specify) _____

NAME TO BE SEARCHED:

LAST NAMEFIRST NAMEMIDDLE NAMEMAIDEN NAMERACESEXDATE OF BIRTHSOCIAL SECURITY NUMBER

(MM/DD/YYYY)

I certify I am entitled by law to receive the requested record and that the record provided shall be used only for the screening of the current or prospective employees. I understand that further dissemination of Criminal History Records or their use for purposes not authorized by law is prohibited and constitutes a violation punishable as a class 1 or class 2 misdemeanor. If I am an employer or prospective employer, I have obtained the written consent on whom the data is being obtained, and have personally been presented the same person's valid photo-identification.

Date of Request: _____ (MM/DD/YYYY)

Signature of Person Making Request:

Printed Name:

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

Mail Reply To:

NAMEATTENTIONADDRESSCITYSTATEZIP CODE**FEES FOR SERVICE:**

FEES:



-
- \$15.00 CRIMINAL HISTORY SEARCH
-
-
- \$20.00 COMBINATION CRIMINAL HISTORY & SEX OFFENDER SEARCH

* FEES For Volunteers with Non-Profit Organizations:

-
- \$8.00 CRIMINAL HISTORY SEARCH
-
-
- \$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 volunteering status and include organization's name, address, and your tax exempt identification number.

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

CHARGE CARD: MasterCard  OR Visa  Certified Check or Money Order (attached, payable to Virginia State Police)

Account Number: _____ - - -

 Virginia State Police Charge Account Number: _____

Expiration Date: _____ / _____

Signature of Cardholder: _____

FOR STATE POLICE USE ONLY – DO NOT WRITE BELOW THIS LINEResponse based on comparison of name information submitted in request against a master name index maintained in the Central Criminal Records Exchange only.

-
- No Conviction Data – Does Not Preclude the Existence of an Arrest Record
-
-
- No Criminal Record – Name Search Only
-
-
- No Sex Offender Registration Record
-
-
- No Criminal Record – Fingerprint Search
-
-
- Criminal Record Attached

Purpose code: C N O

Date _____ By CCRE/ _____

SWORN STATEMENT OR AFFIRMATION FOR CHILD DAY PROGRAMS

Please Print

Last Name First Middle Maiden Social Security Number

Current Mailing Address Street, P.O. Box #, Apt. # City State Zip Code

WJCC-Community Action Agency 312 Waller Mill Rd. Williamsburg VA 23185

Name of Licensed/Registered Street, P.O. Box #, Apt. # City State Zip Code

Approved Facility/Provider

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.

Signature

Date

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Youth Service - (757) 229-3316



I understand that as a volunteer for the Williamsburg-James City County Community Action Agency, all information on families is confidential. I will not discuss the contact on files that I may come in contact with. If there are any concerns, I will discuss them with the person assigned as my immediate supervisor.

Name _____

Applicant's Signature: _____

Date: _____

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Williamsburg - James City County Community Action Agency, Inc.

VOLUNTEER EMERGENCY CONTACT INFORMATION

(Please provide us with two contacts in case of emergency)

GENERAL INFORMATION:

YEAR: 2017/2018

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Cell#: _____

Email: _____

EMERGENCY INFORMATION:

In case of emergency please notify: _____

Relationship: _____ Phone#: _____

Address: _____

OR notify: _____

Relationship: _____ Phone#: _____

Address: _____

MEDICAL INFORMATION:

Physician: _____ Phone#: _____

Insurance/HMO: _____ Phone#: _____

Allergies: _____ Blood Group: _____

Signature

Date

“This institution is an equal opportunity provider and employer”