



# Greene County Family Visitation Center

143 East Market St., Xenia, OH 45385

937- 562-5687

Fax: (937) 562-5691

E-mail: [gvcv@co.greene.oh.us](mailto:gvcv@co.greene.oh.us)

**Interns and Volunteers must have a willingness to help the children and families of Greene County, good communication skills, and the ability to work well with children of all ages.**

I am interested in  a volunteer position  an internship position (unpaid)

Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

E-Mail Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number (and State issuing): \_\_\_\_\_

Phone Number(s): Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**Please list three professional references (other than relatives). List individuals who have knowledge about your skills and abilities such as co-workers, a volunteer supervisor, a pastor, academic professional, etc**

Name	Complete Mailing Address or E-mail Address	Phone

Formal Education (highest year of school completed): \_\_\_\_\_ Degrees or Major \_\_\_\_\_

Do you speak a foreign language(s)?  Yes  No If yes, which language(s)? \_\_\_\_\_

Have you ever been convicted of a crime, other than a traffic violation?  Yes  No If yes, what was the charge? \_\_\_\_\_

\_\_\_\_\_ Date convicted: \_\_\_\_\_ What State/County? \_\_\_\_\_

Do you consent to a routine check of your criminal record (if necessary)?  Yes  No

Have you lived in Ohio for the past 5 years?  Yes  No

List current and previous volunteer work, clubs, and community organizations including a brief description of duties, activities, and dates of service.

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Have you been involved professionally or personally with the following programs/agencies? If yes, please give a brief explanation.

Children Services Board (CSB)?  Yes  No

Foster Care?  Yes  No

Court System?  Yes  No

CASA?  Yes  No

Other agencies offering services to children?:  Yes  No

Please explain: \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

Do you have you any particular skills or hobbies, which you would be specifically interested in sharing with the Visitation Center or our families? \_\_\_\_\_

**Employment History** (beginning with most current)

Employer	Dates		Job Duties
	From:	To:	
Address	Phone Number		
Job Title			
Supervisor			
Employer	Dates		Job Duties
	From:	To:	
Address	Phone Number		
Job Title			
Supervisor			
Employer	Dates		Job Duties
	From:	To:	
Address	Phone Number		
Job Title			
Supervisor			

I certify that the statements herein contained are true to the best of my knowledge. I understand that any question contained herein or any failure to completely answer any question contained herein, is cause for dismissal from service to Greene County Visitation Center. I further understand that a record check with police agencies may be conducted as part of the application process, and I give Greene County Visitation Center permission to make such a check in order to ensure my suitability for volunteer placement.

I understand and agree that Greene County Family Visitation Center may make a thorough investigation of my past employment and activities, and I release from liability or responsibility all persons and organizations supplying such information. I also understand and agree that the information obtained may be used by Greene County Family Visitation Center in any way connected with my involvement in the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date