



VOLUNTEER APPLICATION

FCCCI is a non-profit, school-age, child care organization.

- Volunteers must submit to a Criminal Records Check.
- FCCC is licensed under the Virginia Department of Education and complies with the standards for licensed child day centers.

Volunteer Site(s):

- | | | | |
|---------------------------------------|-------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Bradley | <input type="checkbox"/> Brumfield | <input type="checkbox"/> C. Hunter Ritchie | <input type="checkbox"/> Coleman |
| <input type="checkbox"/> Grace Miller | <input type="checkbox"/> Greenville | <input type="checkbox"/> H.M. Pearson | <input type="checkbox"/> M.M. Pierce |
| <input type="checkbox"/> Mary Walter | <input type="checkbox"/> P.B. Smith | <input type="checkbox"/> Main Office | |

Full Legal Name _____

Address _____ City/State _____ ZIP _____

Home Phone (____) _____ Alternate Phone (____) _____

Parent or Guardian's Name, if minor _____

EDUCATION:

Middle School _____ City/State _____ Year Graduated _____

High School _____ City/State _____ Year Graduated _____

College _____ City/State _____ Year Graduated _____

Degree _____ Hours _____ Major or Specialty _____

Post College Work at _____ City/State _____

Degree _____ Hours _____ Major or Specialty _____

Dates Attended _____

OFFICE USE ONLY:

Date Received in Office

Date of Hire

Hiring Position

EXPERIENCE -

Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements, hobbies or specialized skills:

EMERGENCY CONTACTS:

Name	Phone #	Relationship
1. _____	_____	_____
2. _____	_____	_____

MISCELLANEOUS:

- Have you ever been convicted of any violation of Federal, State, County or Municipal Law, regulation or ordinance? Yes No

If yes, please explain: _____

Certification: I hereby certify that all entries and attachments are 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 volunteer with Fauquier Community Child Care, Inc. I understand that all information on this application is subject to verification.

Applicant Signature _____ Date _____

Volunteer Applicants with Fauquier Community Child Care, Inc. shall be afforded equal opportunity without regard to race, color, religion, political affiliation, national origin, sexual orientation, handicap, sex or age.

Note: Completed application must be returned to the Fauquier Community Child Care Main Office.

Fauquier Community Child Care, Inc.
26 Ashby Street, Warrenton, VA 20186
(540) 347-6970 | Fax (540) 347-3518
general@fccvva.org
www.fcccva.org