



# C.A.S.T. MEMBER

## VOLUNTEER APPLICATION

### Citizens Assisting Stafford Together

CAST is a group of volunteers who serve in all areas of our local government. Without these volunteers, the county would not be able to provide the extent of services that it does. If you are interested in helping to build a strong community here in Stafford County, we would love to have you join us in civil service. A community is not built by its elected officials, but by the citizens who elect them. Come join the growing cast of citizens assisting their community here in Stafford today.

**Please use this application to tell us about yourself and how you would like to be a part of the team.**

**PERSONAL INFORMATION:**

<b>Name</b>			
FIRST	MI	LAST	PREFERRED NAME
<b>Address*</b>		<b>Favorite Color</b>	
		<b>Shirt Size</b>	
*You must live within Stafford County to volunteer			
<b>Email</b>		<b>Birthday</b>	
(Using email is highly encouraged to receive C.A.S.T. news and notices.)			MM / DD / YYYY
<b>Phone #</b>			
HOME	CELL	WORK	
<b>Emergency Contact Name:</b>		<b>Relationship</b>	
<b>Phone #</b>			
HOME	CELL	WORK	

**VOLUNTEER INFORMATION:**

<p><b>Why would you like to volunteer?</b></p> <p>_____</p> <p>_____</p> <p><b>What is your volunteer experience?</b></p> <p>_____</p> <p>_____</p> <p><b>What other volunteer groups are you involved with?</b></p> <p>_____</p> <p>_____</p> <p><b>Is there any other information you would like us to know that would help make your volunteer experience more enjoyable and comfortable?</b></p> <p>_____</p> <p>_____</p>	<p><b>AVAILABILITY: (Check All That Apply)</b></p> <table style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">AM:</th> <th style="text-align: center;">PM:</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> ANY DAY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> SUNDAYS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> MONDAYS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> TUESDAYS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> WEDNESDAYS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> THURSDAYS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> FRIDAYS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> SATURDAYS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> DAILY</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> SPECIAL PROJ.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		AM:	PM:	<input type="checkbox"/> ANY DAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SUNDAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> MONDAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TUESDAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> WEDNESDAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> THURSDAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> FRIDAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SATURDAYS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> DAILY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> SPECIAL PROJ.	<input type="checkbox"/>	<input type="checkbox"/>
	AM:	PM:																																
<input type="checkbox"/> ANY DAY	<input type="checkbox"/>	<input type="checkbox"/>																																
<input type="checkbox"/> SUNDAYS	<input type="checkbox"/>	<input type="checkbox"/>																																
<input type="checkbox"/> MONDAYS	<input type="checkbox"/>	<input type="checkbox"/>																																
<input type="checkbox"/> TUESDAYS	<input type="checkbox"/>	<input type="checkbox"/>																																
<input type="checkbox"/> WEDNESDAYS	<input type="checkbox"/>	<input type="checkbox"/>																																
<input type="checkbox"/> THURSDAYS	<input type="checkbox"/>	<input type="checkbox"/>																																
<input type="checkbox"/> FRIDAYS	<input type="checkbox"/>	<input type="checkbox"/>																																
<input type="checkbox"/> SATURDAYS	<input type="checkbox"/>	<input type="checkbox"/>																																
<input type="checkbox"/> DAILY	<input type="checkbox"/>	<input type="checkbox"/>																																
<input type="checkbox"/> SPECIAL PROJ.	<input type="checkbox"/>	<input type="checkbox"/>																																

**PROFESSIONAL INFORMATION:**

Are you currently or have you ever been previously employed with Stafford County?      No      Yes      If yes, in what capacity?

---

Please list three references & their phone numbers.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**AREAS OF INTEREST:**

The following areas need volunteers to function efficiently. Please mark all of the areas where you would like to be involved. Certain positions with the Sheriff’s Office, Fire Department, or those working with children will require a criminal background check. Some areas such as Parks and Rec and Social Services have their own application.

<p><b><u>Administration</u></b></p> <p><input type="checkbox"/> Front Door Info desk</p> <p><input type="checkbox"/> Department Reception</p> <p><input type="checkbox"/> 311 Call Center</p> <p><input type="checkbox"/> Project Support</p>	<p><b><u>Public Safety</u></b></p> <p><input type="checkbox"/> Traffic Safety Unit</p> <p><input type="checkbox"/> Sheriff’s Office data</p> <p><input type="checkbox"/> Fire and Rescue data</p> <p><input type="checkbox"/> Crime Prevention</p>	<p><b><u>Courthouse</u></b></p> <p><input type="checkbox"/> Information Desk</p> <p><input type="checkbox"/> Circuit Court Clerk’s office</p> <p><input type="checkbox"/> General District Clerk’s office</p> <p><input type="checkbox"/> Victim Witness</p>
<p><b><u>Stafford History</u></b></p> <p><input type="checkbox"/> Historical Society</p> <p><input type="checkbox"/> Cemetery Committee</p> <p><input type="checkbox"/> Tourism</p> <p><input type="checkbox"/> 350th Anniversary</p>	<p><b><u>Animal Control</u></b></p> <p><input type="checkbox"/> Dog walkers</p>	<p><b><u>Parks and Recreation</u></b></p> <p><input type="checkbox"/> See separate application page</p>
<p><b><u>Educational Programs</u></b></p> <p><input type="checkbox"/> Student Tours</p> <p><input type="checkbox"/> YES program</p> <p><input type="checkbox"/> Citizen’s Academy</p> <p><input type="checkbox"/> Student Government Day</p>	<p><b><u>Disaster Cast</u></b></p> <p><input type="checkbox"/> 4 Wheel Drive</p> <p><input type="checkbox"/> CB/Ham Radio</p> <p><input type="checkbox"/> Disaster Cleanup</p> <p><input type="checkbox"/> Emergency Sheltering</p> <p><input type="checkbox"/> Telephone Call Center</p> <p><input type="checkbox"/> Animal Sheltering</p>	<p><b><u>Department of Social Services</u></b></p> <p>Coordinated through Department</p> <p><b><u>Registrar’s Office</u></b></p> <p>Coordinated through Department</p> <p><b><u>Fire and Rescue</u></b></p> <p>Coordinated through Department</p>

**MEDICAL INFORMATION:**

Please list any serious health concerns: \_\_\_\_\_

---

Other information I wish to share with the Citizen Assistance Office: \_\_\_\_\_

I certify that the information provided on this form is correct to the best of my knowledge,

I understand that all volunteer positions will require an interview and some may require a background check,

and I understand that my personal information will not be shared with anyone outside of CAST administration.

	Signature	Date
	Parent’s Signature (if applicant is a minor)	Date