Virginia Department of Game and Inland Fisheries
COMPLEMENTARY WORK FORCE
Mission Forward: Mission Minded

Please complete the application below, or visit us online to apply at www.dgif.virginia.gov/volunteer

_____
LAST NAME FIRST NAME MIDDLE INITIAL

_____ _____ _____
PREFERRED NICKNAME DATE OF BIRTH MALE/FEMALE

MAILING ADDRESS:

_____

_____
CITY STATE ZIP CODE

_____ _____ _____
COUNTY OF RESIDENCE AND D.G.I.F. REGION (if known) EMAIL ADDRESS

HOME PHONE ( ) _____WORK ( ) _____CELL (___) _____

OCCUPATION: _____RETIRED? _____ (yes/no)

EMPLOYER/SCHOOL NAME: _____

EDUCATION: (YRS.) _____ DEGREE: _____

SPECIAL SKILLS OR LICENSES: _____

_____

VOLUNTEER/PAID EXPERIENCE:

_____

_____

ARE YOU INTERESTED IN: (Please check all that apply)

Trout Stocking____ Permit Inspections____ Wildlife Damage Inspections____ Staffing Exhibits____ Waterway Marker Inspections____ Region Office Assistance____ Programs/Presentations____ Public Information Desk____ Equipment Repair/Maintenance____ Other____ (if other, please feel free to list activities or services you could render to the Department)

_____

_____

AVAILABILITY? Daily___ Weekly___ Monthly___ Occasionally___ Special Projects___ Seasonally___
Please estimate. How many hours a year are you interested in volunteering?
Don't know____ 10-50____ 51-100____ 100-200____ More____ Will vary____

ARE YOU WILLING TO SUBMIT TO A BACKGROUND CHECK PRIOR TO BEGINNING YOUR VOLUNTEER ASSIGNMENT? _____ (yes/no) NOTE: YOU MAY BE ASKED TO PROVIDE FURTHER IDENTIFYING INFORMATION AND PERSONAL REFERENCES AS PART OF THIS PROCESS.

Please direct any questions or comments about the program to: Estella Randolph, VDGIF Volunteer Administrator, P.O. Box 11104, Richmond, VA 23230. estella.randolph@dgif.virginia.gov. (804) 367-4331.

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