



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](http://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 DGIF 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 90778, Henrico, VA 23228. [estella.randolph@dgif.virginia.gov](mailto:estella.randolph@dgif.virginia.gov). (804) 367-4331.