



# The Values Institute of America

2001 Maywill Street, Suite 201  
P.O. Box 6448  
Richmond, VA 23230-6448  
804-775-6433  
www.valuesinstitute.org

## VIVA - Values Institute Volunteers in Action APPLICATION

VIVAs will be working directly with children and therefore are expected to live the values we espouse and conduct themselves in a way that demonstrates to all concerned that protection of children from abuse and exploitation is a paramount consideration. Therefore, in order to safeguard the well being of the youth served, the Values Institute will investigate the accuracy of data provided in the application process before VIVAs are recommended to youth-serving organizations. Those organizations may require a more extensive background check.

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How did you hear about VIVA?: \_\_\_\_\_

Why do you want to become a VIVA? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Teaching/Mentoring Experience

**Organization:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**Organization:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

### Other Volunteering Experience

**Organization:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

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Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**PERSONAL REFERENCES** (may not be related to you)

Name	Relation	Phone
1. _____	_____	_____
2. _____	_____	_____

**Please Check**

Any physical or mental conditions which may limit ability to perform volunteer work?  Yes  No

Explain: \_\_\_\_\_

Have you ever been hospitalized or institutionalized for a psychiatric or emotional condition?  Yes  No

Explain: \_\_\_\_\_

Have you been convicted of a crime(s) in the past ten years?  Yes  No

Explain: \_\_\_\_\_

Have you ever been criminally charged with any crime related to the mistreatment of children?  Yes  No

Explain: \_\_\_\_\_

I hereby certify that all statements made on this application are true to the best of my knowledge.

I understand that an interview will be required as part of the screening process and that my acceptance into the program is contingent upon my successful completion of all phases of training.

I also understand that by submitting this application I authorize inquiries to be made concerning my employment and character for the purpose of determining my suitability as a volunteer. I further understand that my signature on this application authorizes The Values Institute to complete a background investigation through the Local and State Police Departments and the Department of Social Services Central Registry Desk. All information will be held in the strictest confidence.

Having considered the opportunities and responsibilities involved, I offer my services as a VIVA and agree to follow all guidelines set forth by The Values Institute of America. I agree to keep all information and knowledge relating to clients and their families strictly confidential.

Criteria used in the selection of volunteers will ensure that the individual is able to meet the responsibilities of a Values Institute Volunteer in Action. Applications will not be rejected because of race, color, religious creed, national origin, sex, age or marital status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_