



## Pre-Volunteer Clearance

**Per North Capitol Collaborative Inc contract guidelines, All Volunteers MUST have:**

- **Valid Government Issued ID**
- **TB/PPD Test**
- **DC Police Clearance.**

**TB Test can be done at any doctor's office, minute clinic, patient first, etc**

### **DC Police Clearance**

**Address:** Henry J. Daly Building  
MPDC Headquarters  
300 Indiana Avenue, NW, Room 1075  
Washington, DC 20001  
(202) 727-4245

**Hours:** Monday-Friday: 9 am - 5 pm

**Fee:** \$7 (cash or money orders only, payable to DC Treasurer; no credit cards or personal checks)

**What's Needed:** To make a request, you will need one of the following:

- Government Issued Photo ID, such as:
  - Driver's License
  - Non-Driver ID
- Original Birth Certificate AND Social Security Card

### **Things to Remember**

- You must be 18 years of age to retrieve a police clearance.
- You cannot get information on juveniles.
- Read over information on your record before leaving service counter.
- Note the name of the clerk who served you.

**Please submit Clearance documents along with attached Volunteer Application.**



## Volunteer Application

### Contact Information

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

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

City, ST ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Availability

When are you available for volunteer assignments?

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Monday \_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Thursday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Tuesday \_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Friday

\_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Wednesday \_\_\_ : \_\_\_ to \_\_\_ : \_\_\_ Saturday

### Interests

In which areas are you best suited to volunteer?

\_\_\_ Families Moving Forward Food Pantry

\_\_\_ Annual Back-to-School Extravaganza

\_\_\_ Annual Thanksgiving Turkey and Ham Basket Distribution

\_\_\_ Fundraising

### Special Skills or Qualifications

Skills and qualifications can be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. \_\_\_\_\_



## Previous Volunteer Experience

Have you worked as a volunteer before? If so, when did you volunteer and what did you do?

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## Person to Notify in Case of Emergency

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

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

City, ST ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Print Name: \_\_\_\_\_

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

Parent/Guardian Signature if Volunteer is under 18 years of age required:

Print Name: \_\_\_\_\_

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