

Volunteer Application

(For information call: 727-869-5525)

Date of Application _____

Volunteer #: _____	Interview Date: _____ (For Office Use Only)	Orientation Date: _____
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Name: _____
Last Name First Name Initial

Address: _____
Street Address City State Zip Code

Telephone: _____ **Social Security #:** _____

Email : _____ **Date of Birth:** _____ **Male/Female**
Circle One

In case of emergency contact: _____
Name Relationship Telephone No.

Seasonal resident? No ____ Yes ____ How long do stay in Florida: _____

Seasonal Address: _____

Seasonal Telephone: _____

What shift do you prefer:
_____ 8:30 am – 12:30 pm _____ 12:30 pm – 4:30 pm _____ 4:30 pm – 8:30 pm

What day(s) do you prefer:
__ Sunday __ Monday __ Tuesday __ Wednesday __ Thursday __ Friday __ Saturday

In order to properly assign you a work area, we need to be aware of any physical limitations: _____

What special skills do you have (typing/computer, technical, medical, etc.):

Reference: _____
Name Phone Number

Do you know others who might be interested in becoming a volunteer?

GENERAL INFORMATION:

Have you been convicted of a felony or any other criminal offenses? _____ Yes _____ No

Are there any arrests or criminal proceedings currently pending against you? _____ Yes _____ No

If yes to either of the above questions, please explain. (A criminal record may not necessarily be a disqualification for volunteering.) _____

In making application for volunteering, I understand that an investigation report may be made by a consumer reporting agency and/or law enforcement agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Signature

Date

Thank you for your interest. You will be contacted in a few days to set up an interview explaining volunteer opportunities. If you have any questions before then, please feel free to call us at **727-869-5525**.

For Office Use Only:

Start Date: _____ Assignment(s): _____

Shift(s): _____ Day(s): _____

Orientation Date: _____

Attach Patient Confidentiality Sheet & Receipt of Handbook Sheet _____