

Volunteer Application

14000 Fivay Road, Hudson, FL 34667

(For information call: 727-869-5522)

Volunteer #: _____ Interview Date: _____ Orientation Date: _____

Uniform:

Type: Shirt & Cap Men's Smock Lady's Smock
Size: S M L XL XXL XXXL

APPLICANT: PLEASE COMPLETE BELOW AND THE BACK SIDE OF THIS FORM

Name: _____
Last Name First Name Middle Initial

Address: _____
Street Address City State Zip Code

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ SS#: _____ Male or Female
(Circle One)

Emergency Contact: _____
Name Relationship Phone Number

Are you a Seasonal Resident? No Yes How long is your stay in Florida? _____

Seasonal Address: _____

Seasonal Phone: _____

What shift do you prefer?

8am – 12pm 12pm – 4pm 4pm – 8pm

What day(s) do you prefer?

Sun Mon Tues Wed Thurs Fri Sat

Assignments: _____

Do you have any physical limitations we need to be aware of to properly assign you a work area?

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Special Skills:

What special skills do you have (i.e. typing, computer, technical, medical, etc)?

Reference:

Name	Phone No.
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Referral:

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

Name	Phone No.
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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 complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Signature	Date
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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 **727-869-5522**.