



# Volunteer Application

Your Name:		Date of Birth:	Today's Date:
Home Phone: (    )	Cell Phone: (    )	Work Phone: (    )	
Mailing Address:		City:	Zip:
Street Address:(if different from above)			
E-mail Address:			
Have you lived in another state in the last five years? ___Yes ___No If yes, which state(s):			
Emergency Contact person:			Phone: (    )
Have you ever been convicted of a crime?                      Yes                      No			
If "Yes", please explain:			
Occupation: (current or before retirement)			
Education and training background:			
Experience with children:			
Number of hours you would like to volunteer:			
Days of the week you would like to volunteer: Monday____ Tuesday____ Wednesday____ Thursday____ Friday____			
If you have a disability and require accommodations to perform your assignment, please indicate:			
How did you hear about our program? Circle One:    United Way    FGCU    Edison College    Newspaper Article			
Other(please specify):			
I HAVE READ AND UNDERSTAND THE RULES OF CONDUCT WHEN VOLUNTEERING.                      Yes                      No			

Personal References:		
1.		
2.		
3		
Screening Process:	Date Completed:	Criminal Record Check: