



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: