



Volunteer Application

** This application does not discriminate in securing volunteers on the basis of race, color, religion, national origin, sex, sexual orientation, ancestry, age, disability, or any other characteristics required by law. No question on this form is intended to be used for such discrimination.

Applicant Information

(Please print)

Name: _____

Street Address: _____

City, State, Zip Code: _____

Phone Number: (_____) _____ - _____

Email Address: _____

Date of Birth: _____ / _____ / _____

Driver's License / Photo ID: # _____ State of Issue: _____

Emergency Contact Information: _____

Availability

Monday _____ : _____ to _____ : _____ Friday _____ : _____ to _____ : _____

Tuesday _____ : _____ to _____ : _____ Saturday _____ : _____ to _____ : _____

Wednesday _____ : _____ to _____ : _____ Sunday _____ : _____ to _____ : _____

Thursday _____ : _____ to _____ : _____

Interests

(Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Clerical | <input type="checkbox"/> Physical Activities |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Book Club |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Customer Service Training | <input type="checkbox"/> Social Activities |
| <input type="checkbox"/> Tutoring (Math) | <input type="checkbox"/> Resume / Job Applications | <input type="checkbox"/> Front Desk Administration |
| <input type="checkbox"/> Hairdresser / Barber | <input type="checkbox"/> Other: _____ | |

Previous Volunteer Experience / Special Skills & Qualifications

Certifications:

- First Aid Yes No
- CPR Yes No

Criminal History:

- Have you ever been arrested and/or convicted of a misdemeanor or felony?
Yes No
- Do you have unresolved/pending activity within the criminal justice system?
Yes No

- If you answered "Yes" to either of the Criminal History questions, please explain below and include specific charges, location, police agency, court disposition, and/or current status.

Guidelines: As a Volunteer, I agree to abide by the following guidelines:

- Maintain a cooperative working relationship with facility staff through compliance with program rules and regulations
- Notify facility staff immediately of any unusual occurrences
- Relationships with program residents will be restricted to a professional nature
- No items are to be distributed without prior approval from facility staff
- Facility access is restricted to authorized locations and approved hours
- Modest and appropriate dress is required
- Completion of a mandatory Volunteer orientation program prior to volunteering

Disclaimer:

By submitting this application I agree to a law enforcement background check and release the Daytona Beach Police Department from all liabilities associated with accessing any and all law enforcement databases associated with this screening. I also affirm that the facts set forth in this application 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 immediate dismissal.

Signature: _____ Date: _____

**** Please attach a copy of your driver's license or other photo ID to this application ****

<u>For Office Use Only:</u>	Pass / Fail	Initials	Date
Background Screening	_____	_____	_____
Orientation Program	_____	_____	_____
Director's Signature: _____			