



ADULT VOLUNTEER APPLICATION

Name: _____
Last Name First Name Middle Initial

Address: _____
Street Address City/State Zip Code

Home Phone: _____ Cell Phone: _____

Email Address: _____ Preferred Method of Contact: _____

Date of Birth: _____ Male Female

Emergency Contact: _____
Name Relationship Phone #

T-Shirt Size: (unisex) XS S M L XL XXL XXXL

Preferred Shift: * **Special event times will vary per event**
8am - 12pm 12pm - 4pm

Preferred Days: Mon Tue Wed Thurs Fri Sat

Preferred Tasks: _____

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

Special Skills: _____

Computer applications: _____

Language Fluency: _____





Reference:

Name	Phone Number
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Reference:

Name	Phone Number
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Referral:

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

Name	Phone Number
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Name	Phone Number
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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

Applicant Signature	Date
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Thank you for your interest. You will be contacted to set up an interview. If you have any questions before then, please feel free to contact **Lisa DeMello at (352)518-2000 x9032 or Ljdemello@HCNetwork.org**.

Internal Use Only

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

Training Date: _____ Training Supervisor: _____

