

Volunteer Application



205 East SR 436, Fern Park, FL 32730
Phone 407.331.3059 ext. 15 Fax 407. 331.3063

Office Notes

Spoke with on phone _____
Met in person _____
Meeting scheduled _____
Added to database _____
Start date: _____/2012
GF Training _____
Bkgd Check _____

Name as it appears on Driver's License

_____] _____] _____
First, Middle, Last

Mailing Address _____

City _____ State _____ Zip Code _____

Phone: Cell _____ Home _____ Work _____

Emergency Contact _____ Emergency Phone # _____

Email Address: _____

How did you hear about New Hope for Kids? _____

Why would you like to volunteer with New Hope for Kids? _____
Please continue on the back if needed

Is this community service? If yes, why is community service required? _____

Occupation (If retired, what kind of work you have done in the past?) _____

Volunteer History _____

Languages Spoken _____

What are your strengths, special talents or abilities? _____
Please continue on the back if needed

PLEASE CHECK TYPE OF VOLUNTEER WORK IN WHICH YOU ARE INTERESTED:

- | | | |
|---|--|---|
| <input type="checkbox"/> Children's Grief Facilitator | <input type="checkbox"/> Family Event Committee Member | <input type="checkbox"/> Grant Wishes |
| <input type="checkbox"/> Maintenance Facility | <input type="checkbox"/> Office/Mail-Outs/ Computer data | <input type="checkbox"/> Child Care/Center Helper |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Monthly Kids/Family Events | <input type="checkbox"/> Cookie Baking |
| <input type="checkbox"/> Fund-Raising | <input type="checkbox"/> Provide Entertainment | <input type="checkbox"/> Organize/Clean-up |
| <input type="checkbox"/> Health Fairs + Festivals | <input type="checkbox"/> Auction Item Solicitor | <input type="checkbox"/> Special Events Asst. |

DATE AVAILABLE TO VOLUNTEER: _____

Preference: Days Evenings After 5:00 p.m Weekdays (Mon-Fri) Weekends (Sat/Sun)

PERSONAL REFERENCES

Name _____ Business Phone: _____

Address _____

Years Known _____ Relationship _____

Name _____ Business Phone: _____

Address _____

Years Known _____ Relationship _____

SIGNATURE _____ **DATE** _____

**ALL APPLICANTS BETWEEN THE AGE OF 16 AND 18 MUST COMPLETE
INFORMATION BELOW AND INCLUDE PARENT OR LEGAL GUARDIAN'S SIGNATURE.**

Parent/Guardian Name(s)

Address

Home Phone _____ **Work Phone** _____ **Emergency Phone** _____

My child, _____, has my permission to participate as a New Hope for Kids Volunteer. I hold harmless and agree not to hold New Hope for Kids, responsible for any accident or illness involving my child. The agreement shall be construed and regulated under and by the laws of the State of Florida.

Signature _____ Date _____

Additional space to write information from page one:

New Hope for Kids Volunteer Profile Sheet

NAME:

Last

First

M.I.

Birthdate: Mo. Day. Yr.

Sex:

M

F

Ethnic Group:

Please identify any physical/medical or other condition which might affect your ability to participate as a volunteer: _____

Prescribed Medications (currently used):

Do you have transportation? Y N

Drivers License #:

Auto Insurance Company:

Auto Ins. Policy #:

Social Security #:

Grief Facilitator APPLICANTS ONLY

Why would you like to become a grief facilitator?

Describe your experience with children and teens (volunteer, professional, personal).

Do you foresee anything that may prevent you from fulfilling your one-year commitment or duties as a volunteer for New Hope for Kids?

Have you ever been convicted of a crime? If so, please explain.

I would like to become a Volunteer Facilitator. *I understand this commitment requires 18 hours of training at a cost of \$35.00.*

Signature _____

Date _____

COMMENTS:

Due to the nature of NHFK's programs, we reserve the right to reject or accept potential volunteers.



Volunteer Inquiry Release

As a volunteer for New Hope for Kids, I understand that background inquiries will be conducted from various federal, state and other agencies which maintain records of my past activities relating to driving, previous employment, criminal convictions, workers' compensation and professional standing, if applicable.

Also, I understand if accepted as a volunteer, that this information will be accessed periodically for review purposes while I'm volunteering. I also understand that information may be accessed up to thirty (30) days after separation from the Volunteer Department.

I authorize, without reservation, any party or agency contacted by New Hope for Kids to furnish the above-mentioned information in accordance with all federal and state laws. I understand to aid in the proper identification of my file or record the following information, as well as other information, is necessary.

Signature: _____ Date _____

Please Print

Print Full Name: _____
Last First Middle

Race _____ Sex _____

Social Security # _____ DOB _____

Drivers License # _____ State of Issue: _____

Professional License # (if applicable) _____

Current Address: _____ Years there: _____

City: _____ County: _____ State: _____ Zip: _____

Previous Address: _____ Years there: _____

City: _____ County: _____ State: _____ Zip: _____