



VOLUNTEER ENROLLMENT APPLICATION

Name (Last) (First) (Middle)

Mailing Address City State Zip

Work Telephone Home Telephone Cell Phone

Email: Emergency Contact Telephone Number

What type of volunteer position are you interested in? Eligibility and Referral Specialist

List any professional license, registration, or certificate you currently possess (include certificate/license number):

List any special skills, interests, or hobbies:

List any special considerations or needs:

List two personal references not related to you whom you have known for more than one year:

NAME

NAME

ADDRESS

ADDRESS

CITY/STATE ZIP

CITY/STATE ZIP

PHONE

PHONE

List your most recent volunteer or employment experience:

EMPLOYER COMPLETE MAILING ADDRESS TELEPHONE

JOB TITLE DATES OF VOLUNTEER/EMPLOYMENT

Specify the days and time frames you are available to volunteer:

Table with 4 columns: Day of Week, Hours, Day of Week, Hours. Rows include Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, Saturday.

Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?

Yes No If answer is yes, please explain (including types of offenses and dates):



Volunteer Personal Reference Questionnaire

Name of Volunteer/Intern Applicant

Date Completed

As required by section 110.503, Florida Statutes and section 60L-33.006, Florida Administrative Code, reference checks must be completed for the above applicant. This applicant wishes to provide volunteer services to clients of the Department of Health. Your name has been given as a personal reference, and we would appreciate your comments on the following questions:

1. How long have you known the volunteer applicant? _____
2. To your knowledge, has the applicant ever been convicted of a crime? _____
3. Do you consider him/her to be of good moral character? If no, please explain. _____

4. Do you know of any reason why the applicant should not be trusted with or around children or persons with disabilities? _____ If yes, please explain: _____

5. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? _____
6. Do you have any additional comments concerning the applicant's character or reliability?

7. What is your relationship to the applicant? _____

Reference Signature

Name (please print)

Address

Telephone

City

State

Zip

Thank you for your time.

Upon completion, please return this form to: The Volunteer Coordinator in your application packet.



Volunteer Personal Reference Questionnaire

Name of Volunteer/Intern Applicant

Date Completed

As required by section 110.503, Florida Statutes and section 60L-33.006, Florida Administrative Code, reference checks must be completed for the above applicant. This applicant wishes to provide volunteer services to clients of the Department of Health. Your name has been given as a personal reference, and we would appreciate your comments on the following questions:

4. How long have you known the volunteer applicant? _____
5. To your knowledge, has the applicant ever been convicted of a crime? _____
6. Do you consider him/her to be of good moral character? If no, please explain. _____

8. Do you know of any reason why the applicant should not be trusted with or around children or persons with disabilities? _____ If yes, please explain: _____

9. Would you consider placing the responsibility of a child or a person with disabilities who is related to you with the applicant? _____
10. Do you have any additional comments concerning the applicant's character or reliability?

11. What is your relationship to the applicant? _____

Reference Signature

Name (please print)

Address

Telephone

City State Zip

Thank you for your time.

Upon completion, please return this form to: The Volunteer Coordinator in your application packet.