



For Office Use Only:
PRC: _____ by _____
Notes: _____

VOLUNTEER APPLICATION

Please complete and electronically submit this four-page application that includes a *Volunteer Promise of Confidentiality* and a *Request for Local Law Enforcement Records Check*.

(Mrs.)
(Ms.)
(Miss)
(Mr.)
NAME: _____ Date _____
(Last) (First) (M.I.) (Nick Name)

ADDRESS: _____
(Street) (Apt.) (City) (State) (Zip)

HOME PHONE: () _____ **WORK PHONE:** () _____ **CELL PHONE:** () _____

EMAIL: _____ Which is best way to reach you? _____

AGE GROUP: 18-30 31-40 41-50 51-60 61+

GENDER: Male Female

EDUCATION: High School or Equivalent College
Other (explain): _____

CONTACTS:
(Emergency Contact) (Phone Number) (Relationship)

(Physician or Healthcare Network) (Phone Number)

HEALTH: _____
(Describe any limitations that may affect your assignment)

WORK STATUS:
Student Homemaker Unemployed Retired

Employed Employer: _____

Status: Full-Time Part-Time

Does your employer offer a volunteer donation matching Program? _____

COMMUNITY SERVICE NOTIFICATION: Are you volunteering to satisfy a court, school or any other obligation? If yes, you MUST provide the following information:

Hours required: _____ Deadline to complete the hours: _____
Reason for the required hours.(Example: school, court, etc. *If court-ordered, you must include what crime you were charged with) : _____
Name and phone number of official with whom we can verify: _____
Are you available to help on weekdays during the day? _____

REFERENCES: Please give at least one business/professional reference and two personal references:

(Name)	(Address)	(Phone)	(Relationship)
(Name)	(Address)	(Phone)	(Relationship)
(Name)	(Address)	(Phone)	(Relationship)

Are you a current client of the Coalition, including the Women’s Residential Counseling Center (WRCC)? (Y/N) _____

Have you ever been a client or employee of the Coalition, including the WRCC? If yes, explain:

Why are you interested in this position?

How did you become interested in the Coalition? _____

List community affiliations and other volunteer experience: _____

List any special skills/experience, hobbies or passions: _____

APPLICANT TESTIMONY:

All of the information I have given on this application is complete and truthful. I acknowledge that any errors, omissions or misrepresentations are grounds for the Coalition to immediately sever my relationship as a volunteer.

Applicant’s Signature _____

Date _____

For office use only:

Date invited to orientation: _____ Scheduled for orientation on: _____

Interview notes: _____

VOLUNTEER PROMISE OF CONFIDENTIALITY

As a condition of being involved with persons seeking shelter from Coalition for the Homeless, I _____, agree to keep confidential any information shared with me. I understand that no information concerning clients shall be released to other agencies or persons without the written permission of those involved. I also understand that I am not permitted to take any pictures or video of the clients without prior specific approval from a Coalition Community Relations staff member.

I recognize that the unauthorized release of confidential information may make me subject to a civil action. I further understand that violation of this agreement is grounds for termination of my service.

Volunteer Signature

Date



REQUEST FOR LOCAL LAW ENFORCEMENT RECORDS CHECK

Submitted to:
Orange County Sheriff's Department
Records and Identification Unit
7003 President's Drive
Orlando, FL. 32809

Signature of Applicant Consenting to Records Check

Date

PLEASE TYPE OR PRINT THE INFORMATION BELOW

Last Name: _____

First Name: _____

Maiden Name: _____

Date of Birth: _____

Aliases: _____

Middle Name: _____

Sex: Male Female

Race: Black Asian American Indian Hispanic Caucasian Unkown

Current Address

Street: _____

City, State, and Zip Code: _____

Previous Address

Street: _____

City, State, and Zip Code: _____

Record Found: Yes No If yes, please explain nature

Signature or Seal of Local Law Enforcement Agency

Date