



VOLUNTEER APPLICATION FORM

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Country: _____ ZIP _____

Phone (Home): _____

(Cell): _____ E-

mail: _____ Age: _____

Passport #: _____ Issuing

Country: _____ Social Security (for purposes of background

check): _____ Birthdate: _____ Emergency

contact: _____ Phone: _____

Educational Background & Experience

List your highest level of educational attainment: * High School ! 9th _____

10th _____ 11th _____ 12th _____ Graduate _____ * College!! 1st year _____ 2nd year _____ 3rd

year _____ 4th year _____ !! ! Degree: _____

Graduation year: _____ * Post-Graduate/Doctoral !!!

Masters: _____ !!!

Doctorate: _____ * Other !!!

_____ !!!

_____ Major fields of study:

! _____ Agriculture!! _____ Environment!! _____ Science/Math! ! _____

Business!! ! _____ Health! ! ! _____ Non-profit Man.!! _____ Education _____ Nursing

_____ Social Work/Counseling ! Other (please list below): !

_____ Any

experience in the following areas:

! _____ Agriculture! ! _____ At-risk youth! Development _____ Construction! ! !

_____ Health! Tech.! _____ Business _____ Education/Tutoring _____ Non-Profit Describe

your experiences in the above areas: !

!!!

_____ Community ! _____ Information

_____ !

_____ !

_____ !

_____ !

_____ !

Questions regarding FL Faith Child Foundation

How did you learn about FL Faith Child Foundation: !

___ !

___ Why do you want to volunteer at FL Faith Child Foundation: !

___ !

___ What is your idea for a project you would like to do at FL Faith Child Foundation: !

___ ! ___ ! ___ ! ___ ! ___ !

___ What are your plans for the formation of a Friends of FL Faith Child Foundation group in your community/school/church?: !

___ When would you like to do your volunteer project at FL Faith Child Foundation: !

___ !

___ Please give two references (one personal and one educational/professional): ! 1.) Reference:

!!!!!! Name: _____

Address: _____

Phone: _____ ! !! 2.)

Reference: ! !!!!!!! Name: _____

Address: _____

Phone: _____

References & Waivers

E-mail: _____ E-

mail: _____ Please read and sign:

I, _____, promise that he/she for himself/herself, his/her heirs, executors and assigns, agrees to release and hold harmless FL Faith Child Foundation, its agents and employees, for all harm, accidents, personal injury or property damage suffered by him/her or the volunteer applicant as a result of the volunteer applicant taking part in the aforementioned program activities.

VOLUNTEER NAME

(PRINT): _____ LEGAL

GUARDIAN NAME: _____

(if volunteer applicant is under 18 years of age) VOLUNTEER

SIGNATURE: _____ DATE: _____ I have

read this manual and understand the outlined policies and procedures FL Faith Child Foundation. I agree to adhere to all FL Faith Child Foundation's policies and procedures. I understand that if I do not follow these policies and procedures, that I am at risk for dismissal from FL Faith Child Foundation Volunteer Program.

VOLUNTEER

SIGNATURE: _____ DATE: _____ I

hereby certify that I have never been arrested for or convicted of any felony or misdemeanor involving sexual or physical abuse of any adult or child. I authorize FL Faith Child Foundation to obtain my criminal records.

VOLUNTEER

SIGNATURE: _____ DATE: _____