

**VOLUNTEER ENROLLMENT APPLICATION**

Last Name  First Name  Middle Initial   
Address  City  State  Zip   
Work Phone  Home Phone  Cell Phone   
Email  Emergency Contact (Name/Phone)

What type of volunteer position are you interested in?

List any professional license, registration, or certificates 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: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City/State/Zip: <input type="text"/>	City/State/Zip: <input type="text"/>
Phone: <input type="text"/>	Phone: <input type="text"/>

List your most recent volunteer or employment experience:

Employer:  Full Address:   
Job Title:  Telephone:  Vol/Emp Dates:

Specify the days and times you are available to volunteer:

Day of Week	Hours	Day of Week	Hours
<input type="checkbox"/> Sunday	<input type="text"/>	<input type="checkbox"/> Thursday	<input type="text"/>
<input type="checkbox"/> Monday	<input type="text"/>	<input type="checkbox"/> Friday	<input type="text"/>
<input type="checkbox"/> Tuesday	<input type="text"/>	<input type="checkbox"/> Saturday	<input type="text"/>
<input type="checkbox"/> Wednesday	<input type="text"/>		

Have you ever been convicted of or plead nolo contendere to a driving or criminal offense?  Yes  No  
If yes, please explain (including types of offense & dates):

It shall be a misdemeanor of the first degree to fail to disclose, by false statement, misrepresentation, impersonations or other fraudulent means, any material fact used in making a determination as to a person's qualifications to work as a volunteer.

I understand that, to protect persons served by the department, a routine check through law enforcement, license bureaus, agency files, and references may be made. I understand that a criminal offense will not automatically exclude me from all volunteer positions: however, certain convictions will exclude me from volunteering in some positions. I understand that if I answered no to the criminal offense question on the front of this application and a record should be obtained, it will prevent me from volunteering for the department regardless of the offense. I understand upon submission of this application it becomes public record.

I understand and agree that all information as it related to persons served by the department is to be held confidential in compliance with Florida Statutes. All information that should come to my attention and knowledge as privileged and confidential will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with the departmental security policies. I understand that failure to comply may result in criminal prosecution.

I affirm that all information on this application is true and correct.

Signature

Date

**OR**

Click to send this form via email.

Print and send in by mail or fax.

**Return completed form to:** Edith L. Richman, Volunteer Coordinator  
2200 Ringling Blvd, Sarasota FL 34237  
volunteercoord@sarasotahealth.org  
Phone (941) 861-2822 | Fax (941) 861-2719

**INTERVIEWER'S COMMENTS  
(For Agency Use Only)**

Date of Interview: \_\_\_\_\_ Interviewer's Name: \_\_\_\_\_

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Screening Required:  Yes  No Date Screening Completed \_\_\_\_\_

Date Orientation Completed \_\_\_\_\_

**WORK ASSIGNMENT  
(For Agency Use Only)**

\_\_\_\_\_  
Program

\_\_\_\_\_  
Location

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date of Placement

It is unlawful for an employer to refuse or deprive any individual of volunteer opportunities because of race, color, religion, sex, national origin, age, marital status, or handicap. Applicants who believe they have been discriminated against may file a complaint with the Florida Commission on Human Resources, 2009 Apalachee Parkway, Suite 100, Tallahassee, Florida 32301-4857.