



### Volunteer/ Intern Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

**Emergency Contact Information**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

For Demographic Tracking Purposes Only with Volunteer Consent

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Disabled: \_\_\_\_\_ Yes \_\_\_\_\_ No

Any Previous Volunteer Experience: \_\_\_\_\_

Current or Former Occupation: \_\_\_\_\_

Do you drive? \_\_\_\_\_ Yes \_\_\_\_\_ No Current Auto Insurance Company: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

**Required Designation of Beneficiary for Free Accidental Insurance Coverage Provided:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Have you been convicted of a crime or pleaded "non contest" to criminal charges? A background check will be conducted.**

\_\_\_\_\_ YES \_\_\_\_\_ No. *If so, please explain*

**Days/Times Available:**

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

**Volunteer/Intern Signature:** \_\_\_\_\_

**Internal Use Only:**

Volunteer Station Placement: \_\_\_\_\_

Schedule: Day(s): \_\_\_\_\_ Time: \_\_\_\_\_ Start Date: \_\_\_\_\_

RSVP Staff making placement: \_\_\_\_\_

Please complete and return form to info@ecsbigbend.org  
or mail to our office 2518 West Tennessee Street Tallahassee, FL 32304