

Volunteer/Intern Application



Name: _____ Application Date: _____

Mailing Address: _____

Street

City

Zip

Phone: _____ Alternate Phone: _____ If Bi-lingual, What Language: _____

Date of Birth: _____ E-mail Address: _____

Month

Day

Year

Emergency Contact Information:

Contact #1- Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Contact #2- Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

For Demographic Tracking Purposes Only with Volunteer's Consent:

Race: _____ Sex: _____ Disabled: Yes _____ No _____ Veteran: Yes _____ No _____

Have You Ever Been Convicted of a Crime or Pled 'No Contest' to Criminal Charges? () Yes () No

If 'Yes', Please Explain: _____

Do You Consent to the Agency Performing, or Arranging for a Criminal History Check in Accordance with the Requirements for the Volunteer Program? () Yes () No

Previous Volunteer Experience: _____

Current or Former Occupation: _____

Do You Drive? () Yes () No Current Auto Insurance Company: _____

*Driver's License Number: _____

Required for Free Excess Automobile Liability Insurance Coverage, available to volunteers 55 years of age and older only. Failure to provide this information will result in volunteer being classified as a NON-DRIVER and ineligible for Excess Auto Liability Coverage. *

Please Check ALL Areas of Interest for Potential Volunteer Service:

_____ Meals on Wheels _____ Adult Day Center _____ Transportation _____ Special Events
_____ Office/Clerical _____ Telephone Reassurance _____ Food Distribution _____ As Needed/Other

Dates/Times Available: _____

How Did You Hear About This Program? _____

Volunteer Signature: _____

PLEASE EMAIL COMPLETED APPLICATION TO INFO@ECSBIGBEND.ORG
OR MAIL TO 2518 W. TENNESSEE STREET TALLAHASSEE FL 32304

For Staff Use Only

Copy of Identification/DL Obtained: _____

Y/NAge Verified: Y/N

Volunteer Station Placement: _____ Placement Start Date (Anniversary Date): _____

Staff Making Placement: _____