

VOLUNTEER APPLICATION

Today's date: ___/___/___

Name: _____ Phone 561- _____ - _____ or (cell) 561- _____ - _____

Address: _____ City: _____, FL Zip: _____

E-mail Address: _____ parent's phone: 561- _____ - _____

Please share this information so we can use your skills and abilities better:

Specialized skills: crafts, music, storytelling, computers, filing: _____

Past Experience / Volunteer work: _____

If you are a student, what is your current grade and school? _____

Can you type? _____ If so, are you fairly accurate? _____ Can you use spell-check? _____

What computer programs can you use with ease? (Specifically word processing and database applications) _____

What languages other than English do you speak or write? _____ Speak Write

What days and hours are you **able** to work? Write the times that you are **free** next to the days. Remember that we **close** at 8:30 p.m. on Mondays through Thursdays and 5:30 on Fridays & Saturdays:

Monday: _____ to _____. Tuesday: _____ to _____. Wednesday: _____ to _____.

Thursday: _____ to _____. Friday: _____ to _____. Saturday: _____ to _____.

What days and hours do you **prefer** to work? _____

Do you need to work a certain number of hours? _____ Is there a deadline for these hours? When? _____

Do you wish to have a form reporting your volunteer hours mailed to you at the end of your scheduled hours? _____
You **must** give me the form before the end your scheduled hours.

Is there any other person or organization that you must report your volunteer hours to? If so, please give their name and address:

What is your deadline (e.g. May?) for reporting your volunteer hours? _____