

Volunteer Application and Eligibility Form

Contact information

Name:

Application Date:

Address:

City/State/Zip:

Preferred Phone:

Preferred email:

Education

Degrees (or in progress)

School

Major/Minor

Additional Certifications:

Memberships in Clubs or Organizations:

Employment

Place of Employment (*current or most recent*): _____

Job Title/Description: _____

Location: _____

Month/Year to Month/Year: _____ / _____ to _____ / _____

Place of Employment: _____

Job Title/Description: _____

Location: _____

Month/Year to Month/Year: _____ / _____ to _____ / _____

Volunteer Experience

Organization: _____

Activity/Position: _____

Location: _____

Month/Year to Month/Year: _____ / _____ to _____ / _____

Organization: _____

Activity/Position: _____

Location: _____

Month/Year to Month/Year: _____ / _____ to _____ / _____

Special Skills or Interests

Hobbies or Special Skills: _____

Language(s) spoken: _____

Other: _____

Do you have any criminal convictions (*other than parking violations*)

Yes No If yes, please describe

Why do you want to volunteer at Voices of Hope for Aphasia:

References

Please list two work, academic, or character references (*not relatives*)

	<u>Name</u>	<u>Phone</u>	<u>Email</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Availability

Volunteering opportunities occur:

St. Pete:

Mondays (9:30am-2:30pm)

Tuesdays (10:00am – 12:30pm)

Wednesdays (9:30am-2:30pm)

Dunedin:

Thursdays (9:30amam – 3:30pm)

There are outings one day per month on Fridays; times and locations vary.

Volunteers should be available for the entire duration for the M-Th programs.

Please list the days and times you would be available/interested to volunteer.

- Monday Wednesday Friday outings
 Tuesday Thursday

I attest that the information provided on this application is accurate and agree to be subject to a background check, at the discretion of Voices of Hope for Aphasia.

signature

date

Thank you for your interest in Voices of Hope for Aphasia!