

## 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

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Additional Certifications:

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Memberships in Clubs or Organizations:

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## 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 (9:15am-3:30pm)*

*Wednesdays (9:15am-3:30pm)*

Tampa:

*Tuesdays (9:15am-3:30pm)*

Dunedin:

*Thursdays (9:15am – 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
- Tuesday
- Wednesday
- Thursday
- Friday outings

*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!***