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)

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Availability

Volunteering opportunities occur on the days and times below. Please mark the days you are available to volunteer.

**St. Pete:**
- Mondays (9:15am-3:30pm)
- Tuesdays (9:15am-3:30pm)
- Wednesdays (9:15am-3:30pm)

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

**Dunedin:**
- Thursdays (9:15am – 3:30pm)

**Outings:**
- Fridays (*Times and locations vary*)

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.

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!