

Volunteer Application and Eligibility Form

	Application D	ate.
	Application	
	Preferred em	ail:
School		Major/Minor
anizations:		
		School



Emp	loyment
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Place of Employment (current or n	nost 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 In	terests		
Hobbies or Special Skills	:		
Language(s) spoken:			
Other:			
Do you have any crimina □ Yes □ No	al convictions (other than parking violat o If yes, please describe	ions)	
Why do you want to vol	unteer at Voices of Hope for Aphasia:		
References			
Please list two work, aca	ademic, or character references (not re	atives)	
<u>Name</u>	<u>Phone</u>	<u>Email</u>	
1)			
2)			
3)			



Availability

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

signature	date
background check, at the discretion of Voic	
Lattest that the information provided on th	his application is accurate and agree to be subject to a
•	th on Fridays; times and locations vary. the entire duration for the M-Th programs.
Outings: ☐ Fridays (Times and locations	s vary)
<u>Dunedin:</u> ☐ Thursdays (9:15am – 3:30pr	m)
<u>Tampa:</u> ☐ Tuesdays (9:15am-3:30pm)	
☐ Wednesdays (9:15am-3:30p	om)
☐ Tuesdays (9:15am-3:30pm)	
☐ Mondays (9:15am-3:30pm)	
St. Pete:	

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