



Disaster Volunteer Enrollment Form

PERSONAL INFORMATION:

Name: _____

May we release your name to agencies that meet your interest? YES NO

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Day: _____

Evening: _____

Cell: _____

Fax: _____ Contact Time: _____

Email: _____

Social Security #: _____ Birth Date: ___/___/___

Employer/School: _____

Emergency Contact: _____

Emergency Telephone: _____

Office Use

Interviewer: _____

Date: _____

Orientation Date: _____

Volunteer ID#: _____

Dept Assigned: _____

Supervisor: _____

Relationship: _____

Career/Volunteer Experience:

Talents, Languages, Skills, and/or Hobbies:

How Did You Hear About Us:

- Brochure Family/Friend Neighbor Community Leader EOS/ Neighbor Services
 Web Site Newspaper Radio Television Other: _____

REFERENCES

Please list the names, addresses, and telephone numbers of two personal references that you have known for a minimum of one year. *(Please do not use family members as a personal reference).*

Name _____

Address: _____

City and State: _____ Zipcode: _____

Phone: (Home) _____ (work) _____

Name: _____

Address: _____

City and State: _____ Zip Code: _____

Phone: (home) _____ (work) _____

<p>Office Use</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>

RELEASE AGREEMENT

I authorize the volunteer Director of Leon County to verify information in this application and to perform a check of my background as it applies to the volunteer jobs in which I expressed an interest. I have no objection to having my record cleared through appropriate law enforcement agencies. I understand that all such information collected during the check will be kept confidential. _____ (initials)

I do hereby grant and convey unto VolunteerLEON-Leon County Volunteer Center all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of VolunteerLEON-Leon County Volunteer Center, or made with its consent, during my volunteering with the LeRoy Collins Leon County Public Library and/or any project, activity, or event sponsored, managed, arranged, or promoted by or otherwise affiliated or associated with VolunteerLEON-Leon County Volunteer Center, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. _____ (initials)

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

Signature: _____ Date: _____