

# Volunteer Enrollment Form



**Personal Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_

Employer/School: \_\_\_\_\_

Emergency Contact & Relationship: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

**Office Use**

Interviewer: \_\_\_\_\_

Orientation Date: \_\_\_\_\_

Volunteer ID#: \_\_\_\_\_

Position Assigned: \_\_\_\_\_

Supervisor: \_\_\_\_\_

**Career/Volunteer Experience:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check your area of interest, skill, and talent:**

- |   |                                   |
|---|-----------------------------------|
| Administration/Organizational Support _____ | Food Preparation & Delivery _____ |
| Communications/Marketing _____              | Health Services _____             |
| Counseling/Information Support _____        | Logistics _____                   |
| Disaster/Emergency Services Education _____ | Volunteer Coordination _____      |
| Family Services/Child Care _____            | Warehousing _____                 |

**What languages or interpretation skills do you have?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Talents, Skills, and/or Hobbies:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Availability:**

Hrs Avail.	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							



Leon County Volunteer Center

918 Railroad Avenue, Tallahassee, FL 32310

Phone (850) 606 1970 Fax (850) 606 1971

VolunteerLEON.org



**Availability Details:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How Did You Hear About Us:**

- Brochure    Family/Friend    Neighbor    Community Leader    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: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (work) \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (work) \_\_\_\_\_

<b>Office Use</b> Comments: _____ _____ _____
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**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: \_\_\_\_\_



APPLICANT'S or EMPLOYEE'S AUTHORIZATION for The National Research Group Inc.  
to Conduct Individual Background Searches and Verifications as Requested By The Employer

### BACKGROUND INQUIRY RELEASE

I understand that an investigative background inquiry is to be made on myself, including but not limited to identity and prior address(es) verification, criminal history, driving history, credit history, education verification, licensing verification, prior employment verification, reason(s) for termination of prior employment, work and other references, as well as other information.

I understand that the information and reports developed may include information as to my character, work habits, job performance and experience, along with reasons for termination of past employment. I further understand that for purposes of this background inquiry, various sources will be contacted to provide information, including but not limited to various federal, state, municipal, corporate, private and other sources which may maintain records concerning my past activities relating to possible criminal conduct, civil court litigation, driving history and credit performance, as well as other information.

I authorize, without reservation, any company, agency, party, or other source contacted to furnish the above information. I also hereby consent to the retrieval of the above information and I further understand that to aid in the proper identification of my files or records, I am willingly providing the following information, as well as any other information that may be required and/or requested at a later date.

PLEASE PRINT CLEARLY

> Include Maiden Name and/or Other Names Known By

FULL LEGAL NAME

SOCIAL SECURITY

DATE OF BIRTH

DRIVER'S LICENSE

STATE OF ISSUE

CURRENT ADDRESS

Dates:

PRIOR ADDRESS:

Dates:

CITY-STATE-ZIP:

Please Provide ADDITIONAL PRIOR RESIDENCE ADDRESSES For The LAST 7 YEARS

Include Dates of Residence Above and Below

Address:

Address:

Address:

Address:

Please SIGN

With Full Legal Name and Date:

**APPLICANT'S SIGNATURE:**



941-488-8500

800-531-6522

941-488-8505 **FX**