



## Volunteer Enrollment Form

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

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

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: (daytime) \_\_\_\_\_

(evening) \_\_\_\_\_

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

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

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

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

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

Office Use	
Interviewer:	_____
Date:	_____
Orientation Date:	_____
Volunteer ID#:	_____
Dept Assigned:	_____
Supervisor:	_____

What experience/background would you like to use in volunteer work?

\_\_\_\_\_

\_\_\_\_\_

How did you hear about the Leon County Volunteer Program?

\_\_\_\_\_

What is your preferred work schedule?

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

Career/Volunteer Experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Talents, Languages, Skills, and/or Hobbies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>Trained volunteers are an invaluable resource during times of disaster/emergency.</b>	
Would you be willing to help out in your community in the event of a disaster?	Yes <input type="checkbox"/> No <input type="checkbox"/>
May we refer your name to the American Red Cross for follow-up?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## 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***).

Address:

\_\_\_\_\_

City and State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

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

Address:

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

\_\_\_\_\_

Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

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