



## Non-Permanent 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:      | _____ |
| Received Date:    | _____ |
| Orientation Date: | _____ |
| Volunteer ID#:    | _____ |
| Dept Assigned:    | _____ |
| Supervisor:       | _____ |

How did you hear about the Leon County Volunteer Program?

\_\_\_\_\_

Would you like to be added to our monthly email blast of volunteer opportunities ?

\_\_\_\_\_

### Trained volunteers are an invaluable resource during times of disaster/emergency.

Would you be willing to help out in your community in the event of a disaster? Yes  No

May we refer your name to the American Red Cross for follow-up? Yes  No

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_