Volunteer Application

Youth and Family Services Division
COMMUNITY RELATIONS
1718 E. Michigan Street, Orlando, FL 32806
Phone: 407-836-8938 Fax: 407-836-8929

Orange County Health & Family Services Department

Last Name _____ **First Name** _____ **Middle Initial** _____ **Date** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Home Phone _____ **Mobile Phone** _____ **Business Phone** _____ **Email Address** _____

Emergency Contact Name _____ **Phone Number** _____

Education Background ☐ High School ☐ Some College ☐ BA/BS Degree ☐ Graduate Degree

Current Occupation/Employer: _____

Certifications/Licenses: _____

Computer/Language Skills: _____

Hobbies & Interests: _____

Previous volunteer experience(s): _____

Day(s) Available: ☐ M ☐ Tu ☐ W ☐ TH ☐ F ☐ Sa ☐ Su **Hours Per Week:** _____

Times Available: ☐ Days ☐ Afternoon ☐ Evenings

Volunteer Service Area of Interest: ☐ Tutoring ☐ Reading Buddy ☐ Cottage Homework Helper

☐ Office Assistant ☐ Special Events (holidays, fund-raisers)

A minimum of two personal references (no relatives) must be on file prior to start date.

By submitting this application, I understand that I will undergo a background check and will be required to participate in training/orientation sessions.

Submitting an application does not guarantee being matched with a volunteer assignment, and if an applicant is not immediately matched it is in no way a reflection of their abilities or credentials but only of the current needs within the Division.

Volunteer Applicant Signature_____ **Date** _____

-FOR OFFICE USE ONLY-

Start Date: _____
End Date: _____
Work Location: _____
Assignment: _____
Supervisor: _____

Background Checks: **(Local)** _____
(Prelim) _____
(Final) _____
Auto Insurance Expiration Date _____