



VOLUNTEER APPLICATION

Full Name (Last) (First) (Middle) (Maiden)

Date of Birth Social Security Number Driver's License # & State Issued by

Mailing Address (City) (State) Zip

Work Telephone # Home Telephone # Cell Phone # Email

Emergency Contact Name Home Telephone # Work Telephone # Cell Phone #

Tell us in which areas you are interested in volunteering:

- Administration Ways & Means (Fundraising)
Adult Bereavement (Community Outreach (Public Speaking)
Child/Adolescent Bereavement Internship Other (Please specify)

List any professional license, registration, or certificates you currently possess (include certificate/license #)

List any special skills, qualifications, interests, or hobbies:

List any special considerations or needs:

Check the days and hours you are available to volunteer:

Table with columns for Day of Week, Morning, Afternoon, Evening, and checkboxes for Monday through Sunday.

List one (1) personal and one (1) professional reference **NOT** related to you whom you have known at least (2) years:

Name

Name

Address

Address

City/State Zip

City/State Zip

Phone (Work) (Home) (Cell)

Phone (Work) (Home) (Cell)

List your most recent employment or volunteer experience:

Employer/Organization Complete Mailing Address Telephone Contact #

Job Title Dates of Employment/Volunteering

May we contact your most recent supervisor for a reference? Yes No

Have you ever worked/volunteered with Children in the past? _____ If yes, please indicate below:

Employer/Organization Dates Telephone Contact#

How did you hear about our Volunteer Program? _____

Have you ever been arrested, convicted or plead nolo contendere (no contest) to a criminal offense?
Yes _____ No _____ If yes, please explain (including types of offenses and dates):

Are you a registered Sex Offender? Yes No

Are you a registered Career/Violent Offender? Yes No

Have you ever been a party in or the subject of any investigation involving an allegation of abuse, neglect or abandonment of a child, elderly person or disabled person? Yes No

If yes, please explain _____

PLEASE INITIAL:

_____ I understand that if my volunteer duties include direct contact with adult, children or adolescent clients of Angel House Bereavement Center, Inc., Angel House BCI will investigate my background, character, volunteer and employment references, internet sites, registry checks and that as a part of the screening process, a law enforcement records check will be conducted. I have read the above, understand its contents, and give my consent for Angel House Bereavement Center, Inc. to investigate my background and authorize release of information which might have bearing on my ability to serve as an Angel House Bereavement, Inc. volunteer.

_____ I understand that a criminal offense will not automatically exclude me from all volunteer positions; however, certain offenses will exclude me from volunteering in some positions. I understand that if I answered no to the criminal offense questions on this application and a record should be obtained, it will prevent me from volunteering for Angel House Bereavement Center, Inc. regardless of the offense.

_____ I hereby affirm that all of the answers provided on this application are true. I understand that it is a misdemeanor of the first degree, punishable as provided in § 775.082 or § 775.083, Florida Statutes, for any person to willfully, knowingly, or intentionally fail, by false statement, misrepresentation, impersonation, or other fraudulent means, to disclose in any application for a volunteer position, any material fact used in making a determination as to the applicant's qualifications for such position.

_____ I understand the president/executive director has the sole discretion to accept or reject any application.

_____ I understand upon submission of this application it will be considered a public record based on the very broad public records law of Florida. There are provisions in the Florida Statutes that enable the Program to protect certain information collected on this form, but if there is information that you are not comfortable providing, please speak to the president/executive director of Angel House Bereavement Center Inc., to determine whether the information is critical to the application.

_____ I understand and agree that all information as it relates to individuals served by Angel House Bereavement Center, Inc. is to be held confidential in compliance with Florida Statutes. All information that should come to my attention and knowledge is privileged and confidential and will not be disclosed to anyone other than authorized personnel and that I shall conduct myself in accordance with Angel House Bereavement Center Inc., policies and procedures.

By submitting this application, I affirm that all information set forth in it is true, complete and correct. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (Printed) Signature Date

Witness (Printed) Witness Signature Date

It is the policy of Angel House Bereavement Center, Inc. to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in volunteering with Angel House Bereavement Center, Inc.