

CENTERS FOR SUCCESS, INC.

“CHANGING COMMUNITIES ONE CHILD AT A TIME.”

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Student Volunteer Application

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

****If you have ever been arrested or charged with a crime, please let the staff know, prior to completing this application.***

Name: _____ DOB: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Email: _____

Your Employer: _____ Position: _____ Contact Info: _____

Any special talents or skills you have that you feel would benefit our organization? _____

Interests: Please tell us in which areas you are interested in volunteering (**OST – Out of School Time*)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> ___ After-School Program | <input type="checkbox"/> ___ Homework Assistance | <input type="checkbox"/> Sports |
| <input type="checkbox"/> ___ Summer Program/OST | <input type="checkbox"/> ___ Arts & Crafts | <input type="checkbox"/> ___ Other |
| <input type="checkbox"/> ___ Fundraising/Events | <input type="checkbox"/> ___ Administration | |
| <input type="checkbox"/> ___ Tutoring | <input type="checkbox"/> ___ Maintenance | |

Please indicate days available: (**Saturday hours TBA*)

- | | | |
|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Saturday* |

Times available: From _____ (am/pm) to _____ (am/pm)

List any physical limitations? _____

In case of emergency contact: _____ Phone: _____

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that Centers For Success, Inc., its employees, Board of Directors, funders and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Print Name : _____ Date: _____

Signature: _____ Date: _____

Parent’s Signature: _____ Date: _____ **(Required for ages 18 & under)**