

**CENTERS FOR SUCCESS, INC.**

**"CHANGING COMMUNITIES ONE CHILD AT A TIME."**

Mailing: P.O. Box 324 / Tallevast FL 34270  
Physical: 7727 17th St. Ct. E. / Tallevast, FL 34243  
Office: 941. 822.8952 / Fax: 941.822.8458  
Email: centersforsuccess@gmail.com  
Website: [www.centersforsuccess.org](http://www.centersforsuccess.org)



*Prior to submitting your application, a mandatory DCF Level II background, criminal, and drug test is required of ALL volunteers  
All information in this document is confidential. Please print.*

**VOLUNTEER APPLICATION**

SSN: \_\_\_\_\_

Name/Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
(Use legal name)

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Male / Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Physical Limitations \_\_\_\_\_  
(Circle One) (Month/Day) (Be specific; if none, write none)

**VOLUNTEER EXPERIENCE**

Interests, Skills, Hobbies \_\_\_\_\_

Clubs, Organizations you belong to \_\_\_\_\_

Education (highest level) \_\_\_\_\_ Name of School \_\_\_\_\_

Have you volunteered before? Yes  No  Position \_\_\_\_\_

Describe the work \_\_\_\_\_

Agency \_\_\_\_\_ Address \_\_\_\_\_

Phone ( ) \_\_\_\_\_ May we contact the Agency? Yes  No

Your availability:

Hours per week/month \_\_\_\_\_ Preferred Days \_\_\_\_\_  
(Specify)

**EMPLOYMENT HISTORY**

Name of current employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Date Employment Began \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Job Title \_\_\_\_\_

May we contact employer? Yes  No  Description of duties \_\_\_\_\_

Does your employer have a community partnership? Yes  No

**REFERENCES** (Personal or professional; not a relative)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE NOTIFY**

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone (    ) \_\_\_\_\_

1) Name \_\_\_\_\_ Relationship \_\_\_\_\_ Day Phone (    ) \_\_\_\_\_

**DRIVING INFORMATION**

If you are volunteering for a position that requires driving, *Centers For Success, Inc.* (CFS) requires a valid driver's license and proof of automobile insurance. Are you able to use your automobile if the volunteer position requires one?

Yes \_\_\_\_\_ No \_\_\_\_\_

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance. I agree to deliver copies of these documents to *Centers For Success, Inc.* (CFS), so that they can be filed with this application. I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired.

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Driver's License # \_\_\_\_\_ State of Issue \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**CRIMINAL HISTORY**

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to *Centers For Success, Inc.* (CFS) to conduct driver license, motor vehicle record, background check, drug screen and other screenings as needed, as well as reference checks to determine my suitability for placement. I hereby release all parties from any liability for furnishing this information.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Centers For Success, Inc. (CFS) acknowledges that equal opportunity for all persons are a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

**PARENTAL CONSENT** (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to *Centers For Success, Inc.* (CFS) I also give *Centers For Success, Inc.* (CFS) my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_

**CENTERS FOR SUCCESS, INC.**

***“CHANGING COMMUNITIES ONE CHILD AT A TIME.”***

Mailing: P.O. Box 324 / Tallevast FL 34270  
Physical: 7727 17th St. Ct. E. / Tallevast, FL 34243  
Office: 941. 822.8952 / Fax: 941.822.8458  
Email: [centersforsuccess@gmail.com](mailto:centersforsuccess@gmail.com)  
Website: [www.centersforsuccess.org](http://www.centersforsuccess.org)



**ACKNOWLEDGEMENT OF VOLUNTEER STATUS**

I, \_\_\_\_\_ (print full name), hereby acknowledge that without any solicitation or promise of benefit from *Centers For Success, Inc. (CFS)*, I expressed an interest in volunteering my time to *Centers For Success, Inc. (CFS)* in order to help sustain the charitable and public service objectives of the agency.

In order to avoid any confusion over my status as a volunteer for the agency, I acknowledge and agree to the following:

- That *Centers For Success, Inc. (CFS)* has made no express or implied promise of compensation/or benefit of any kind whatsoever for the time I spend volunteering for the agency.
- That I will neither seek nor accept compensation/or benefit of any kind whatsoever for the time I spend volunteering for the agency. That I am free to volunteer as little or as much time as I choose and will notify the agency of my availability to provide volunteer services.
- That *Centers For Success, Inc. (CFS)* has accepted my offer to volunteer my services based on the statements set forth in this Acknowledgement.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorized Nonprofit Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Nonprofit Representative

\_\_\_\_\_  
Date

**VOLUNTEER AGREEMENT WAIVER, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT**

1. I, \_\_\_\_\_ agree to work for *Centers For Success, Inc. (CFS)* as a volunteer on \_\_\_\_\_ (Project name, see below examples) on/from \_\_\_\_\_ to \_\_\_\_\_ (dates) (Arts & Crafts, Reading, Math, Homework Assistance, Music, Cooking, Sports, After-School Enhancement Program, Summer Break, Spring Break and Winter Break)
2. As a volunteer, I understand that I control the dates and times when I can do the work and that *Centers For Success, Inc. (CFS)* is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
3. I am aware that participation as a volunteer may require periods of \_\_\_\_\_ (i.e. standing, lifting and carrying up to 40 pounds) and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
4. As consideration for volunteering for *Centers For Success, Inc. (CFS)*, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue *Centers For Success, Inc. (CFS)*, its employees, agents, officers, members, funders, supporters, Board of Directors or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers,

employees, agents, funders, members, supporters, Board of Directors or contractors of *Centers For Success, Inc.* (CFS) as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE *Centers For Success, Inc. (CFS)* AND ITS OFFICERS, EMPLOYEES, AGENTS, FUNDERS, SUPPORTERS, BOARD OF DIRECTORS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.

5. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROJECT, I AM NOT COVERED BY *Centers For Success, Inc. (CFS)*'S WORKERS' COMPENSATION PROGRAM. I authorize *Centers For Success, Inc. (CFS)* to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
6. I understand that all materials, supplies, tools, equipment provided by *Centers For Success, Inc. (CFS)* are and remain the property of *Centers For Success, Inc. (CFS)*, and I agree to return these materials, supplies, tools, equipment and any remaining materials to *Centers For Success, Inc. (CFS)* at the end of my volunteer service.
7. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Centers For Success, Inc.. (CFS) Representative Signature

\_\_\_\_\_  
Printed Name

*If volunteer is under 18 years of age, parent or guardian must read and sign the following: This release, its significance, and assumption of risk have been explained to and are understood by the minor.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Printed Name