



# KEY TRAINING CENTER

Kindness, Love, Dignity and Respect

VOLUNTEER APPLICATION KEY CENTER FOUNDATION

Date \_\_\_\_\_

Position Applying for \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Previous Address (if under one year) \_\_\_\_\_

Do you have a valid Florida driver's license?  No  Yes License Number \_\_\_\_\_

Have you ever been convicted of a crime, pled no contest or had adjudication withheld?  Yes  No

If yes, please explain \_\_\_\_\_

Do you have any physical condition that may limit your activities?  Yes  No

If yes, describe \_\_\_\_\_

Who to notify in case of an emergency?

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Previous volunteer experience \_\_\_\_\_

Occupation (past occupation if retired) \_\_\_\_\_

Availability and Volunteer Assignment Preferences - Please Check All That Are Applicable

- Mornings (Mon-Fri)       Afternoons (Mon-Fri)       Evenings (Mon-Fri)       Weekends  
 More than once a week       One time only       As needed



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References - Please list 6 persons we may call who are NOT family, may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

I attest that the information provided is true and correct, and hereby give my consent to contact my references, employers (past and present) and to conduct a background check.

\_\_\_\_\_  
(Signature)

Date \_\_\_\_\_

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Parent or guardian signature for applicants under 18.)

**Equal Opportunity Agency** We receive applications and place volunteer within the agency without regard to race, creed, color, sex, religion, age, national origin, marital status, physical or mental handicap, disability, veteran's status, citizenship status, or any other protected category. The receipt of this application does not mean that an appropriate position exists and does not obligate us in any way. We appreciate your interest in our organizations.



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What has drawn you to our agency?

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Do you have experience with adults with intellectual and developmental disabilities?

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Is there something specific that you would like to participate in or develop? **Check all that apply**

- |                                     |                                    |                           |
|-------------------------------------|------------------------------------|---------------------------|
| One on One with clients             | Service to clients                 | Research/teaching/project |
| Directly with staff as an assistant | Public Speaking/Fundraising/Events | No Preference             |
| Office – General administrative     | Other_____                         | Key Stores                |

List any skills or talents:

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How often would you like to volunteer with us? Please list any specific days or times:

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How did you hear about us?

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Anything else you would like us to know?

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**INTERNAL USE:** Once completed, forward original to the Foundation in care of the Foundation Manager.

Application Date\_\_\_\_\_ Interview Date\_\_\_\_\_ Interviewed by\_\_\_\_\_ Selected YES NO

Sent to HR\_\_\_\_\_ Screening Received from HR\_\_\_\_\_ Orientation Scheduled\_\_\_\_\_