



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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VOLUNTEER APPLICATION – Page 2

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 _____

Please read below and respond appropriately:

- I am not applying for Community Services hours as I understand that those types of hours disqualify me for volunteering.
- I am not qualified for Key Training Services, nor have I ever applied for these services, as that would be a conflict of interest for funding and disqualify me for volunteering.
- 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)



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VOLUNTEER APPLICATION – Page 3

What has drawn you to our agency?

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

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:

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

How did you hear about us?

Anything else you would like us to know?

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.

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 _____