

SARASOTA COUNTY GOVERNMENT
Office of Community Involvement
6700 Clark Road
Sarasota FL 34241
(941) 861-9845
VOLUNTEER APPLICATION

Date_____

NAME_____

(Last) (First) (Middle initial)

ADDRESS_____

(Number and street) (City) (Zip)

TELEPHONE NO._____ Alternate Phone No._____ Best Contact Time:_____

E-MAIL ADDRESS_____ BIRTH DATE_____Month _____Day

EDUCATION ☐ High School ☐ College (Yrs. 1 2 3 4) ☐ Graduate (Yrs. 1 2 3 4)
☐ Vocational ☐ G.E.D.

AVAILABILITY _____ AM_____PM

☐ Special Events ☐ Weekends/Evenings ☐ Weekdays

☐ Do you prefer __ North County __ South County __Doesn't Matter

_____ No. Hours per Week

Do you have a valid driver's license? ☐ No ☐ Yes

DL No. _____

Have you ever been convicted of a misdemeanor or a felony? ☐ No ☐ Yes When?_____

EMERGENCY CONTACT

Name_____ Relationship_____

Address_____ Telephone No. _____

INTERESTS: Do you have a particular interest area?

___Libraries ___Extension Services: Horticulture, gardening, family nutrition programs
___History Center ___Health Department, interpreters, medical corp, etc.
___Parks and/or natural areas ___Sustainable Sarasota
___Environmental issues ___Assignment Designated : Where_____
___Beaches
___Other_____

VOLUNTEER EXPERIENCE

(job title/position) (organization) (duties) (how long)

REFERENCES: Individuals not related to you whom you have known for more than two years.

(Name) (Mailing Address) (Telephone No.)

(Name) (Mailing Address) (Telephone No.)

What age groups interest you? (check all that apply)

☐ Teens

☐ Adults

☐ All Ages

☐ Children under 12

☐ Mature Adults

PHYSICAL/HEALTH:

Do you have health challenges that may limit service functions? ___Yes ___No If so, please describe:

Are you currently taking medications which may impact volunteer activities: ___Yes ___No, If so, please describe:

CURRENT EMPLOYER

_____ (company name)

_____ (address)

SPECIAL SKILLS, CERTIFICATES OR LICENSES

Office Skills:

___ Clerical (copy, file) ___ Reception ___ Data Entry ___ Computer

**Current Licenses and
Certifications:** _____

Talents/Hobbies: _____

Languages: Do you speak or write in a language in addition to English; and if so, which ones:

REMARKS: Is there other information you wish to share with us about yourself, and/or your experiences?

Applicant's Signature: _____

Revised: 3--06

Assignment Placed/Accepted:

Supervisor: _____

Trainings completed: _____

(For Office Use Only)

Contact Person: _____

Start Date: _____

Assignment: _____

End Date: _____