

**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

(May we use this address for future contacts and newsletters?  Yes  No)

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  Beaches  
 Other \_\_\_\_\_  
 Neighborhood Services

\_\_\_\_\_ Assignment Designated : Where \_\_\_\_\_

**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

Please know that if you choose to volunteer directly with children you will be asked to submit information for a Background Check.

**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:** \_\_\_\_\_  
Form Revised 1/07

**Assignment Placed/Accepted:**

**Supervisor:** \_\_\_\_\_

**Trainings completed:** \_\_\_\_\_

(For Office Use Only)

Contact Person: \_\_\_\_\_

Start Date: \_\_\_\_\_

Assignment: \_\_\_\_\_

End Date: \_\_\_\_\_