
Languages: Spoken Read/Write

Do you have or have you had any physical injuries or disabilities that might effect your participation in certain activities?

No Yes, please explain _____

Do you have skills or experience, not previously covered in this application, that you feel would be beneficial to the Center (please provide a brief explanation)?

Please provide TWO personal references:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Current volunteer opportunities: (Please check your areas of interest):

- Organize the client assistance *Food Pantry*
- Sort and organize donations
- Greet clients
- Reading or arts/crafts mentor for children awaiting appointments
- Office assistance
- Seasonal special projects
- Organizational support for volunteer program
- Assist program staff in a variety of business & client related tasks
- Facility "handy-work"
- Speakers' Bureau, community advocacy

STUDENTS PLEASE NOTE: *Students under the age of 18 must provide recommendations from two teachers as well as the community service paperwork required by Broward County Public or Private Schools.*

Signature

Date

Interview Date: _____ *Interviewer:* _____

Orientation Date: _____ *Volunteer Position:* _____

Volunteer Schedule: _____