

Volunteer Application

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Date Available: _____

Area interested in volunteering: _____

Are you a citizen of the United States? YES NO

Have you ever volunteered or worked for BayCare Health System? YES NO
 If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____
 From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Volunteer or Work Experience

1. Organization _____ Position _____
 Duties/Skills _____
 Date Began _____ Date Ended _____

2. Organization _____ Position _____
 Duties/Skills _____
 Date Began _____ Date Ended _____

References (Other than Relatives)

1. Name _____ Relationship _____
Email Address _____ Phone # _____
How long have you known this person? _____
2. Name _____ Relationship _____
Email Address _____ Phone # _____
How long have you known this person? _____

Military Service

Branch: _____ From: _____ To: _____

Address History (Past three addresses)

Street, City, State & Zip Code _____

Date From _____ Date To _____

Street, City, State & Zip Code _____

Date From _____ Date To _____

Street, City, State & Zip Code _____

Date From _____ Date To _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____