



Get Connected. Get Answers.

Volunteer Application Form

3217 NW 10th Terrace, Suite #308
Fort Lauderdale, FL 33309
Administration: (954) 390-0493
Fax: (954) 390-0499
www.211-broward.org

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex or national origin. PL 90-202 prohibits discrimination because of age.

(Please print clearly)

Name: _____
(Last) (First) (Middle)

Address: _____
(Number & Street) (City) (State) (Zip)

Phone Numbers: _____
(Home) (Work) (Cell)

Email Address: _____ Florida Resident?: Yes No

Emergency Contact: _____
(Name) (Phone)

Please list any languages (other than English) that you speak: _____

Education: High School _____ Some College _____ College _____ Grad. School _____

College Major: _____ Degree: _____

Are you currently in school?: Yes No Are you a full-time student?: Yes No

Employment:

(Occupation) (Employer) (Length of Employment)

Have you ever been convicted of a crime? (Conviction will not necessarily disqualify an applicant.) Yes No
(If you have ever had a judicial disposition of guilt, adjudication withheld, or entered a plea of nolo contendere or guilty, please check yes above.)

If yes, please explain the details of the conviction: _____

Please indicate your preference for training: Day _____ Evening _____ Weekend _____

Time/Day you will be available to volunteer: _____

Current/Previous Volunteer Work: _____

How Long did you volunteer?: _____ Reason for leaving: _____

What did you enjoy about your previous volunteer work?: _____

Community/Civic Organization memberships: _____

Academic/Career/Other goals: _____

Hobbies/Special Interests: _____

How did you hear about 2-1-1 Broward?: _____

What do you hope to accomplish from your work with 2-1-1 Broward?: _____

PLEASE PROVIDE TWO REFERENCES (non-family members) WHO HAVE KNOWN YOU AT LEAST TWO YEARS OR LONGER: (include address and phone number)

1) _____
(Name) (Address) (Phone #)

2) _____
(Name) (Address) (Phone #)

Volunteer Screening Consent

I, _____, hereby authorize 2-1-1 Broward to obtain information needed for
(Name of Applicant)
purposes of background screening and reference checks. This may include contacting former employers, law enforcement agencies, and personal references. A photocopy of this consent form shall be as valuable as the original.

(Signature of Applicant)

(Date)



VOLUNTEER REFERENCE LETTER

_____ has applied as a Volunteer at First Call For Help of Broward, Inc. In this capacity the applicant will interact with people of all ages, from all walks of life, some of them troubled and in need of crisis intervention or other assistance. We would very much appreciate your honest opinion of the applicant's suitability for participation in our Volunteer Program. Your response will help us to offer a meaningful volunteer experience for the applicant. Please return this form in the enclosed envelope at your earliest convenience. Thank you for your cooperation.

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

How long have you known the applicant? _____

In what capacity are you acquainted with the applicant? _____

Have you ever observed the applicant in a difficult or crisis situation? _____ If yes, please explain.

Please describe the applicant's strong or weak qualities during interactions with people in general.

And during stressful or crisis situations _____

In your opinion, does the applicant have good listening skills? _____

Does the applicant have a stable home and work lifestyle? _____

Do you know of any problems which might interfere with the applicant's ability to perform as a Volunteer at First Call For Help? _____ If yes, please explain. _____

Please tell us why you feel the applicant would be an asset to First Call's Volunteer Program. _____

Please add any additional comments. _____

IF MORE SPACE IS NEEDED, PLEASE USE THE BACK OF THIS FORM

REFERENCE COMPLETED BY: _____ DATE: _____

DAYTIME TELEPHONE NUMBER: _(_____) _____