CENTER FOR
Multicultural
Wellness and Prevention
Facilitating access to services in Central Florida

# Volunteer Application

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**Please print**

First Name.....Last Name.....

Address.....City/State/Zip.....

Telephone.....Social Security # .....

Date of Birth.....Spouse's Name.....

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**Personal Information (please circle correct response):**

Gender: Male Female

**Physical Limitations:** No Yes (Please Explain)

**Education (highest level completed)**

Grades 1-5 6-9 11-12 College Business Graduate School Technical/Vocational

**Former work/occupation**.....**Most recent employer (optional)**.....

**List previous volunteer experience**..... .....

**Skills (List your skills and indicate proficiency leve**l) Skilled Can Teach Amateur

1. ..... .....

2 ..... .....

3 ..... .....

**Languages** Fluent Read Write

1 ..... .....

2 ..... .....

**Volunteer availability: (Circle all applicable)**

Number of Days per week: 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday No Preference

**Transportation: (How you will get to your assignment)**

Public Trans. Walk Bus/Van Taxi/Car Svc Car

**In an emergency, notify:**

First Name.....Last Name.....

Address..... .....

City/State/Zip.....Telephone.....

Volunteers hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

..... .....

(Signature/Volunteer) (Date) (Signature/Staff) (Date)