



Volunteer Application

11900 Biscayne Blvd. Suite 806 North Miami, FL 33181
Phone: 305-631-2134 Fax: 305-631-2138

Name: _____
Last First Middle

Individual Volunteer Group Leader Both (Name of Group): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Other (specify): _____ E-mail: _____

PERSONAL REFERENCES (students may use teachers and group leaders)

(1) Name and Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other (specify): _____ E-mail: _____

(2) Name and Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other (specify): _____ E-mail: _____

EMERGENCY CONTACT

(1) Name: _____ Relationship: _____

Phone: _____ Other (specify): _____

(2) Name: _____ Relationship: _____

Phone: _____ Other (specify): _____

REASON FOR VOLUNTEERING

Please check all that apply

- Community service hours
- Extra time
- Service learning
- Court ordered
- Personal fulfillment
- Other _____
- Family/Friends are involved
- Professional development



Volunteer Application

11900 Biscayne Blvd. Suite 806 North Miami, FL 33181
 Phone: 305-631-2134 Fax: 305-631-2138

How did you hear about the Florida Breast Cancer Foundation (FBCF)?

What is the length of the commitment you wish to make? _____

How many hours per month/week do you wish to volunteer? _____

On the grid below please indicate the seasons and months you are available.

Spring	Summer	Fall	Winter	Year-round

On the grid below please indicate the day(s) and time(s) you are available.

	AM		PM	
	From	To	From	To
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

ASSIGNMENT INTEREST

Areas of interest (please indicate all that apply):

If you use computers, we need to know what kind (PC / MAC) and what application software you know how to use.

- | | | |
|--|--|--|
| <input type="checkbox"/> Filing | <input type="checkbox"/> Lifting Heavy Objects | <input type="checkbox"/> Word Processing |
| <input type="checkbox"/> Phone Work: Research | <input type="checkbox"/> Recruitment | <input type="checkbox"/> Event Planning |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Phone Work: Solicitation |
| <input type="checkbox"/> Phone Work: Telemarketing | <input type="checkbox"/> Lobbying | <input type="checkbox"/> Facilitating Groups |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Desk Top Publishing | <input type="checkbox"/> Workshop & Seminar Design |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Marketing Research | |
| <input type="checkbox"/> Political Advocacy | <input type="checkbox"/> Direct Mailing | |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Translating | |
| <input type="checkbox"/> Community Organizing | <input type="checkbox"/> Driving | |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Typing | |
| | <input type="checkbox"/> Editing | |

SKILL/EXPERIENCE

- Fundraising Newsletter/Writing Special Events
 Education Other (please specify) _____ Other (please specify) _____
 American Sign Language Languages spoken: _____



Volunteer Application
11900 Biscayne Blvd. Suite 806 North Miami, FL 33181
Phone: 305-631-2134 Fax: 305-631-2138

Briefly explain why you want to volunteer at FBCF: _____

Please indicate your employment status. Employed full time Employed part time Retired Not employed

If employed:
Organization: _____ Supervisor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Other(specify): _____ E-mail: _____

Highest degree or level of school completed

- High School/ GED Some college /Associate Degree Bachelor's Degree Masters Degree
- Professional Degree (i.e. MD, DDS, JD) Doctorate degree (i.e. PhD, EdD)

Are you currently a student? Yes No School _____ Degree Program _____

Do you have past/other volunteer experience? General? Yes No With children? Yes No

Please list volunteer experience: _____

Do you have any special needs or limitations in order to volunteer? ___ If yes, Please explain: _____

Have you ever been arrested? ___ If yes, Please explain: _____

Have you ever been involved in a criminal court case? ___ If yes, Please explain: _____



Volunteer Application

11900 Biscayne Blvd. Suite 806 North Miami, FL 33181
Phone: 305-631-2134 Fax: 305-631-2138

I understand and fully acknowledge that, in volunteering for the Florida Breast Cancer Foundation, I am entering an AT WILL relationship and that this relationship can be terminated at any time by me or the Florida Breast Cancer Coalition Research Foundation for good cause, bad cause, or no cause at all.

I further understand that by signing this agreement, I give permission to contact my references or to conduct a criminal background check if deemed appropriate. It is my understanding that all information I have provided is true and complete to the best of my knowledge. I understand that giving false information can be grounds for immediate dismissal.

I understand that I may come in contact with sensitive information and that all information is confidential and is not to be repeated.

Volunteer Signature _____ Date _____

Reviewed by Programs Manager _____ Date _____

_____ Approved Start Date _____

_____ Denied Reason _____