

Volunteer Wakulla



5 Crescent Way, Crawfordville, FL 32327 (850) 922-6290 (850) 922-2441

Disaster Recovery Volunteer Enrollment Form

PERSONAL INFORMATION:

Name: _____

May we release your name to agencies that meet your interest? YES NO

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Day: _____

Evening: _____

Cell: _____

Fax: _____ Contact Time: _____

Email: _____

Social Security #: _____ Birth Date: ___/___/___

Employer/School: _____

Emergency Contact: _____ Relationship: _____

Emergency Telephone: _____

Office Use
Interviewer: _____
Date: _____
Orientation Date: _____
Volunteer ID#: _____
Dept Assigned: _____
Supervisor: _____

Drivers License: License #: _____ Issuing Jurisdiction: _____
Expiration Date: ___/___/___ If Professional, Type?: _____

Liability Coverage: Insured for: _____ Insurance Company _____ Not Insured

Vehicle(s) Type/Capacity: #1 _____/___ #2 _____/___ #3 _____/___ #4 _____/___

Have Bus Availability/Access? YES NO Willing to Transport? YES NO

Other Equipment Operation Skills? _____

Education: High Sch/GED Associates Undergraduate Graduate Post-Graduate Other _____

Ethnicity: African-American Asian-American Caucasian Latin American Native American
 Other _____

My Health: Can Lift 20 lbs. Can Walk 1 Mile I Have Allergies: _____

I Have Minor Disabilities: _____ I Have Great Health

Transportation Requirements:

I Have Transportation From Home Near Public Transit Other: _____

Require Handicapped Access Require Handicapped Parking Require Wheelchair Access

**WHEN COMPLETED RETURN TO: FAX # (850) 926-8027
ATTN: STEVE SMITH**

AVAILABILITY:

Immediate Disaster Response: 1-2 Days ONLY 1 Week ONLY 2-3 Weeks 3+ Weeks

Weekdays: Morning Afternoon Evening Weekends: Morning Afternoon Evening

How Often Can You Serve? Daily Weekly Monthly Available Hours Per Week? _____

Where I Can Serve: Brevard Charlotte Escambia Lee Leon Sarasota Collier DeSoto
 Glades Hardee Hendry Highlands Indian River Lake Okeechobee Osceola
 Orange Seminole Volusia Other _____

Career/Volunteer Experience:

Talents, Languages, Skills, and/or Hobbies:

How Did You Hear About Us:

Brochure Family/Friend Neighbor Community Leader EOS/ Neighbor Services
 Web Site Newspaper Radio Television Other: _____

REFERENCES

Please list the names, addresses, and telephone numbers of two personal references that you have known for a minimum of one year. (*Please do not use family members as a personal reference*).

Name _____

Address: _____

City and State: _____ Zipcode: _____

Phone: (Home) _____ (work) _____

Name: _____

Address: _____

City and State: _____ Zip Code: _____

Phone: (home) _____ (work) _____

<p>Office Use Comments: _____ _____ _____</p>
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RELEASE AGREEMENT

I authorize the Volunteer Director of VolunteerWAKULLA to verify information in this application and to perform a check of my background as it applies to the volunteer jobs in which I expressed an interest. I have no objection to having my record cleared through appropriate law enforcement agencies. I understand that all such information collected during the check will be kept confidential. _____ (initials)

I do hereby grant and convey unto VolunteerWAKULLA-Wakulla County Volunteer Center all rights, titles, and interest in and to any and all photographic images and video or audio recordings made by or on behalf of VolunteerWAKULLA-Wakulla County Volunteer Center, or made with its consent, during my volunteering with VolunteerWAKULLA-Wakulla County Volunteer Center and/or any project, activity, or event sponsored, managed, arranged, or promoted by or otherwise affiliated or associated with VolunteerWAKULLA-Wakulla County Volunteer Center, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings. _____ (initials)

By signing below, I acknowledge that I have read and understand this Release, and agree to its provisions.

Signature: _____ Date: _____