



## Volunteer Application

**Contact Information**

Today's Date: \_\_\_/\_\_\_/\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Male  Female  DOB: \_\_\_/\_\_\_/\_\_\_ Employed  Y  N Student  Y  N

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Languages spoken \_\_\_\_\_

**In case of emergency, we have your permission to contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**Please check below the days and times you are available and willing to volunteer.**

	Morning	Afternoon	Evening
<b>Monday</b>			
<b>Tuesday</b>			
<b>Wednesday</b>			
<b>Thursday</b>			
<b>Friday</b>			
<b>Saturday</b>			
<b>Sunday</b>			

Would you prefer: a **regular** assignment  Y  N **OR** **occasional** assignment?  Y  N

**Preferred contact method:**  by phone  by email



**Volunteer Opportunities at Neighbors Network (check all areas of interest):**

- Gardening/yard work     Chores (dust, vacuum, etc...)     Errands     Tidy kitchen area
- Friendly visits     Prepare meals in advance     Help NN w/ Special Events
- Assist w/ Pet Care     Moving furniture, boxes, etc.     NN Committee Member
- Friendly phone calls     Home fix-it jobs     Organizing garage, closet     Office tasks for NN
- Basic tech support: MAC \_\_ PC \_\_     Walking buddy     Reading to members
- Social/Educational programs     Play cards, other games     Sort photos, papers
- Other (describe): \_\_\_\_\_

**Are you willing to also participate as a volunteer driver?    Y    N**

*\*(Current FL driver's license and proof of insurance required in addition to background check.)*

- Required driver information attached.     I have some questions about driving.

**Special skills/hobbies to share:** \_\_\_\_\_

**Personal references** (2 required and please, no relatives. We kindly request that you notify your references in advance to inform them about Neighbors Network and your interest in volunteering).

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**I am physically and mentally able to perform each of the volunteer activities I have checked above.**

**Volunteer Category:**

- Adult (18+)     Teen\* (age 14 to 17)
- Adult\* with child (name of child) : \_\_\_\_\_)
- Child\* (name of accompanying adult) \_\_\_\_\_)

*\*Any child under the age of 18 must have the accompanying signed form from a parent or legal guardian giving permission for the child/teen to be a volunteer and take responsibility for the child/teen to complete expected responsibilities. Note: A parent or the organization coordinating the volunteers must provide children/teens with transportation to and from the volunteering site.*



## Neighbors Network Volunteer Agreement

(Please read the following information carefully.)

I agree to protect the confidentiality of all information pertaining to any Neighbors Network (NN) member, non-member or other volunteer associated with NN. My signature below acknowledges my agreement to adhere to this confidentiality policy.

I understand that NN will review this information and all other information required to complete my application and that my application does not obligate NN to offer me a volunteer assignment. I hereby grant permission to any individual, school representative, company or corporation to give NN any relevant information that may be required to arrive at a decision on the status of this application. I release NN, its officers, employees, agents and representatives from any and all liability and /or damages incurred by me in accessing or using such information.

If accepted as a volunteer for Neighbors Network, I understand that I am an important ambassador for Neighbors Network within the community, and I will not make statements representing the organization unless I have permission to do so. I also understand that I may not sign any agreement involving contractual or financial obligations. I also agree to abide by guidelines for volunteer behavior and language as described in the Neighbors Network Volunteer Handbook.

I understand that a background check may be required, depending on the frequency and type of volunteering I may be performing; if required, I agree to participate in the organization's background check process.

I give my permission to be photographed and videotaped and for these images to be used by Neighbors Network in its marketing materials in print and electronic media at the sole discretion of Neighbors Network.

**Agreement:** My signature acknowledges that I have read and agree to the information above and confirmed the accuracy of the information provided.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Print name: \_\_\_\_\_

**Thank you for applying to the Neighbors Network Volunteer program!**

**For more information visit our website at: [www.neighborsnetworkfl.org](http://www.neighborsnetworkfl.org)**

**Phone: 321-209-2775**

**Email: [annette@neighborsnetworkfl.org](mailto:annette@neighborsnetworkfl.org)**