



VOLUNTEER APPLICATION

P.O. Box 641270
Beverly Hills, Florida 34464
www.friendsofcitrus.org

Date: _____ Referral Source: _____

Name: _____
First Middle Last Email Address

Address: _____
Street City Zip County

Home Phone: (~~AA~~) _____ Cell Phone: (~~AA~~) _____ Work Phone: (~~AA~~) _____

Seasonal Address: _____

Seasonal Phone: _____ Months you reside in Florida: (from _____ to _____)

Emergency Contact Name: _____ Phone: _____

Language(s) other than English: _____ Student: _____ Education/Grade: _____

Limitations: ___ No ___ Yes If yes, please explain: _____

Retired: ___ Former Occupation: _____

Employment Status: _____ Employer Name: _____

Date of Birth: _____ Are you a Veteran: Yes No Branch: _____

References: List 3 personal references other than family members:

Name	Address	Phone Number

Club/Organization Memberships: _____

Religious Affiliation: _____



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Please select the activities you are interested in:

<input type="checkbox"/>	Administrative Support	<input type="checkbox"/>	Courier	<input type="checkbox"/>	Thrift Shoppe
<input type="checkbox"/>	Bulk Mail	<input type="checkbox"/>	Fund Raising	<input type="checkbox"/>	Crafts
<input type="checkbox"/>	Community Events	<input type="checkbox"/>	Grief Support	<input type="checkbox"/>	Herry's Kids

Availability: (Please check)

~~W~~Sunday ~~W~~Monday ~~W~~Tuesday ~~W~~Wednesday ~~W~~Thursday ~~W~~Friday ~~W~~Saturday

Times available: _____

I hereby certify that the above information is true and complete to the best of my knowledge.
 I give permission for Friends of Citrus and the Nature Coast to contact any reference provided.
 I understand that misstatement or omission of fact may result in my dismissal.

Signed: _____ Date: _____

If under the age of 18 please have parent co-sign. _____