



# VOLUNTEER APPLICATION

Date: \_\_\_\_\_ Referral Source: \_\_\_\_\_

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

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

Address: \_\_\_\_\_  
Street City Zip County

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

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: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Retired: \_\_\_ Former Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Are you a Veteran: Yes  No  Branch: \_\_\_\_\_

References: List 2 personal references other than family members:

Name	Address	Phone Number
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Name	Address	Phone Number
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Interests (circle those that apply: Office Support - Courier - Community Events - Fundraising - Group Facilitator - Thrift Shoppe – Camp Assistant – Telephone Support - Board/Advisory Board - \_\_\_\_\_

I hereby certify that the above information is true and complete to the best of my knowledge. In the performance of my duties, I may access confidential information. Violation of confidentiality may result in my dismissal or possible legal action.

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

Mail to: Friends of Citrus and the Nature Coast, 8471 W Periwinkle Ln, Homosassa Spgs, FL 34446  
or email to: [info@friendsofcitrus.org](mailto:info@friendsofcitrus.org). For info call: 352-249-1470 or visit [www.friendsofcitrus.org](http://www.friendsofcitrus.org)