



1516 East Colonial Drive, Suite 305, Orlando FL 32803- 4706  
Phone: 305-647-8973 www.wordandaction.org

## VOLUNTEER APPLICATION

Name \_\_\_\_\_ Spouse (if any) \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip Code

SSN: \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Other \_\_\_\_\_

Home Tel (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Bus Tel (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment \_\_\_\_\_ e-mail \_\_\_\_\_

Address of Employer \_\_\_\_\_

Current Position \_\_\_\_\_ How Many Years \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ e-mail: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physical Limitations (if any) \_\_\_\_\_ Language(s) Spoken \_\_\_\_\_

Statement of and description of prior criminal convictions or offenses (if any) \_\_\_\_\_

\_\_\_\_\_  
 Membership in or Affiliation with other organization(s): Yes \_\_\_\_ No \_\_\_\_

If yes, name the organization(s) \_\_\_\_\_

Past experience in Community Organizations, if any, e.g. volunteer work, etc. \_\_\_\_\_

\_\_\_\_\_  
 Reasons for wanting to belong to W&A \_\_\_\_\_

\_\_\_\_\_  
 References

Name: _____	Name: _____
Address: _____	Address: _____
Tel: _____	Tel: _____
e-mail: _____	e-mail: _____

Time available: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Weekend \_\_\_\_\_ Other \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Check the area(s) which you would like to volunteer your services:

<input type="checkbox"/> Clerical (typing, filing, etc.)	<input type="checkbox"/> Professional (legal, medical, accounting, marketing etc)
<input type="checkbox"/> Technical (computer, webdesign)	<input type="checkbox"/> Artistic
<input type="checkbox"/> Tutoring	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Social & Sportive	<input type="checkbox"/> Other

Signature \_\_\_\_\_ Date \_\_\_\_\_