



**Volunteer Application Form**  
**Florida United Methodist Children's Home**  
**51 Children's Way, Enterprise, FL 32725 (386-668-5088)**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previous address if lived at current address less than 5 years \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Work \_\_\_\_\_ E-mail \_\_\_\_\_

Birthday \_\_\_\_\_ Driver's License Number \_\_\_\_\_  
Month/Day

Have you ever been convicted of any crime or pled nolo contendere (no contest) to a crime, regardless of adjudication? (Including any sealed or expunged convictions)?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give details: date, nature of offense, and disposition. *(NOTE: No applicant will be denied a volunteer opportunity solely on the grounds of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may however, be considered.)*

Educational Level Achieved \_\_\_\_\_ Major subjects \_\_\_\_\_

**Employment History:**

Have you ever filed a volunteer or employment application with us? \_\_ yes \_\_ no.

Have you ever filed with another childcare agency? \_\_yes \_\_no.

Present employer \_\_\_\_\_ Years \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Previous volunteer experience:** Type and length of stay (hospital, school, community and church organizations) include any special training, certifications, or licensures

**Church Affiliation** \_\_\_\_\_



**List three references not related to you, but have known you for more than 1 year:**

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

3. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

**Areas of Interest And Skills:**

- Administrative      Computers      Reading      Cooking      Telephone      Ages 12-18
- Arts      Crafts      Recreation/sports      Ages 0-5
- Clerical/Office      Outdoor Projects      Teaching      Ages 6-11

Any physical limitations?      Yes      No      If yes, please specify

**Possible Volunteer Assignments: (check preferences below)**

- Administrative      Commissary      Library      Reading
- Arts & Crafts      Data Entry      Painting      Special Events
- Carpentry      Fair Booth      Postal services      Technical Assistant
- Foster Care      Gardening      Pottery teacher      Telephone contacts
- Child Care      Gift Shop      Public Relations      Tram Driver
- Clerical/Office Work      Holiday Projects

**On a separate piece of paper, please tell us why you would like to serve as a volunteer at the Florida United Methodist Children's Home and attach it to the application.**

**In Case of An Emergency, Please notify:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_



**Availability for Volunteer Services**

Date: \_\_\_\_\_; Not sure \_\_\_\_\_ Number of hours per week \_\_\_\_\_; events only \_\_\_\_\_  
 Indicate time of year when you will be unavailable \_\_\_\_\_

<b>Time of day available</b>	<b>Mon.</b>	<b>Tues.</b>	<b>Wed.</b>	<b>Thurs.</b>	<b>Fri.</b>	<b>Sat.</b>	<b>Sun.</b>
Morning							
Afternoon							
Evening							

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please mail to:** Zoe Peterson, Coordinator of Volunteer Services, Florida United Methodist Children's Home, Children's Way, Enterprise, FL 32725-8186.