

CONTACT INFORMATION:	
Last Name, First, Middle:	
Home Address in Florida (street, city, state, zip):	
If you are NOT a year-round Florida Resident, please provide your out-of-state address (street, city, state, zip):	
Cell Phone Number:	Home Phone Number:
E-mail Address:	
Preferred Method of Contact: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	

REFERRAL STATUS:
Please tell us how you heard about our All Star's Volunteer Program.

VOLUNTEER GOALS:
Please tell us what you are hoping to gain from volunteering at All Star.

PREVIOUS VOLUNTEER EXPERIENCE:
Please summarize your past/current volunteer experience(s).



EMPLOYMENT EXPERIENCE:

Please describe your employment history below (e.g., Agency name, your job title, etc.)

EDUCATIONAL BACKGROUND:

Please describe your educational background below, including your highest level of education obtained.

CERTIFICATION & LICENSURE:

Please describe any special certifications and/or licenses below.

LANGUAGE FLUENCY:

If fluent in language other than English, including sign language, please note below.

SKILLS & TALENTS:

Please describe any special skills or talents you may have below.

VOLUNTEER OPPORTUNTIES & INTERESTS:

Please check activities which interest your or best represent your skills below.

- | | |
|---|--|
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Tutoring/Academic Support |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Childcare/Babysitting |
| <input type="checkbox"/> PR/Communications/Marketing | <input type="checkbox"/> Household Help/Cleaning |
| <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Mentorship |
| <input type="checkbox"/> Customer Service/Hospitality | <input type="checkbox"/> Enrichment/Arts |

All Star Children’s Foundation
 3300 17th Street, Sarasota, FL 34235
 941.217.6503
www.AllStarChildren.org



AVAILABILITY:

Please indicate days and times you are typically available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

DISCLOSURES:

Please indicate below whether the following statements apply to you:

Have you ever been convicted or found guilty of a crime (other than routine traffic violation)? Yes No
 Do you have a valid state Driver's License? Yes No

REFERENCES:

Please list 3 persons we may call to inquire about your skills, experiences, and character. You may list one relative, but please try to include two other work or volunteer-related references.

Name	Relationship to You	Phone Number:
1.		
2.		
3.		

AGREEMENT:

I hereby give the All Star Children's Foundation (ASCF) permission to contact my references and inquire into my skills, experiences, and character. I hereby hold ASCF harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information to me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to ASCF. I understand that ASCF will use this information to verify my ability to serve in a volunteer role at ASCF. I further understand that completion of this application does not guarantee acceptance into the program and that ASCF may terminate this agreement at any time without prior notice.

 Signature of Volunteer Applicant

 Date

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