|  |  |
| --- | --- |
| **VOLUNTEER APPLICATION** | **9130 Ridge Road**  **New Port Richey, FL 34654**  **727-815-0303, Fax 727-815-0203**  **6492 California Street**  **Brooksville, FL 34609**  **352-754-1132, Fax 352-754-5118**  [**www.lvib.org**](http://www.lvib.org)  [**pporter@lvib.org**](mailto:pporter@lvib.org) |

Please fill out, print and sign this application then email it, fax it, mail it or drop it off at one of our Lighthouse locations. We’ll contact you by phone, set up an appointment if required, and provide you with more information. Group volunteer opportunities can be arranged. Please ask us for details.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | | |  | | | | | | Phone: | |  | | | |
| Email Address: | | |  | | | | | | Cell No.: | |  | | | |
| \* | |  | | | | | | | | | | | | | |
| City: |  | | | | | State: | |  | | | | | Zip: |  | |
| Social Security Number\*: | | | | | *Leave blank until you are interviewed* | | | | | | | | | |
| Driver’s License No\*.: | | | | *Leave blank until you are interviewed* | | | | | | | | | | |
| Current Occupation/Employer: | | | |  | | | | | Work No.: | | |  | | |
| How do you prefer to be contacted? | | | | | | |  | | | | | | | |
| Date of birth (must be 18 years or older or have parental consent) | | | | | | | | | |  | | | | |

**In Case of Emergency**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | Relationship: |  | Phone: |  |
| Name: |  | Relationship: |  | Phone: |  |

**Education/Training/Skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Highest Grade Completed: |  | | | |
| Special Training/Skills: |  | | | |
| List all Clerical and Computer Skills if any: |  | | | |
| Interests/Hobbies: |  | | | |
| Do you have experience working with people who are visually impaired? | | | | [ ] Yes [ ] No |
| If yes, please describe: | |  | | |
| Do you know Braille? Grade 1 or 2? | | | [ ] Grade 1 Braille [ ] Grade 2 Braille | |

**Work Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Contact Name/Phone** | **Activity** | **Start & Finish Dates** |
|  |  |  |  |
|  |  |  |  |

**Previous Volunteer Experience**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Contact Name/Phone** | **Activity** | **Start & Finish Dates** |
|  |  |  |  |
|  |  |  |  |

**Volunteering at Lighthouse**

Where did you hear about Lighthouse?

Reason for choosing volunteer work at Lighthouse:

Which counties are you available to work in (choose Hernando, Pasco, Citrus or Virtual):

Desired hours per week:

In what areas are you able to volunteer your services at Lighthouse? (You may check more than one and list any special interests you may have):

|  |  |  |
| --- | --- | --- |
| [ ] Board Member  [ ] Cleaner  [ ] Clerical/Admin | [ ] Committee Member  [ ] Driver  [ ] Event Hand | [ ] Professional Writer  [ ] Gardener (NPR or Brooksville) |

[ ] Other:

**Volunteer Availability**

Provide your availability in the table below. Lighthouse hours of operation are Monday to Thursday, 9 am to 4 pm. Most in-person volunteering is done within business hours. Virtual volunteering can be done at your convenience.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Time / Availability** | Mon | Tue | Wed | Thu | Fri | Sat | Sun |
| Morning |  |  |  |  |  |  |  |
| Afternoon |  |  |  |  |  |  |  |
| Night |  |  |  |  |  |  |  |

If you need to complete volunteer hours for school, etc., specify the start and finish dates and the total hours needed:

|  |  |  |  |
| --- | --- | --- | --- |
| Start/Finish Dates: |  | Number of hours: |  |

If you have a valid driver’s license, are you able to assist with picking up donations? [ ] Yes [ ] No

Would you like to receive our free newsletter to stay up-to-date on activities at Lighthouse? [ ] Yes [ ] No

**Criminal Background Check**

HAVE YOU EVER BEEN CONVICTED OR HAD ADJUDICATION HELD IN A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION, OR ARE THERE ANY CRIMINAL CHARGES NOW PENDING AGAINST YOU?

[ ] Yes [ ] No

I HEREBY GIVE PERMISSION FOR THE RELEASE OF INFORMATION CONCERNING ANY CRIMINAL RECORDS TO LIGHTHOUSE FOR THE VISUALLY IMPAIRED AND BLIND BY THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **Signature** |  | **If under 18, parental consent** |  | **Date** |

**References:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | Phone: |  | | |
| Address: | |  | | | | | | |
| City: |  | | State: |  | | | Zip: |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | Phone: |  | | |
| Address: | |  | | | | | | |
| City: |  | | State: |  | | | Zip: |  |

\*If you become a volunteer, you need to provide your SSN and produce a valid driver’s license or identification card. You will also be asked to sign a statement of confidentiality and provide emergency medical information. Drivers are asked to do the same, as well as provide a valid driver’s license, carry proof of insurance, complete a medical release form, and be cleared for driving.