



Section I- Personal Data

Volunteer Application

Last Name	First Name	Middle Initial	Home Phone
Address	City	Zip Code	Work Phone
E-mail Address	Date of Birth	If minor, please indicate age.	Cellular
Employer	Position / Title		
School/ University	Educational Degree	Number of volunteer hours required (if any):	
In Case of Emergency Contact: Name:		Relationship:	
Address:		Telephone:	
Any medical or physical limitations that limit your participation in volunteer activities?		Are you currently taking any medications? If yes, which one(s)?	
Have you ever been convicted of a crime other than a minor traffic violation? Yes ___ No ___	Are you currently on probation, parole, out on bond, pre-trial release or community control? Yes ___ No ___	When was the last time you were arrested?	

Section II- Volunteer Information

Volunteer Interest <input type="checkbox"/> Children <input type="checkbox"/> Youth <input type="checkbox"/> Healthcare <input type="checkbox"/> Social Work <input type="checkbox"/> Marketing/Fundraising <input type="checkbox"/> Other: _____	Special Skills/Experience <input type="checkbox"/> Artistic (Photography, Film, Painting) <input type="checkbox"/> Clerical <input type="checkbox"/> Computer skills <input type="checkbox"/> Education/Teaching <input type="checkbox"/> Marketing/Fundraising <input type="checkbox"/> Writing <input type="checkbox"/> Other: _____	Languages <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
Days/ times you are available to volunteer?	Number of hours per week/month you plan on volunteering?	How many weeks/months/years do you plan on volunteering?

Do you mind work that is physically demanding?

What are your motivations to become a volunteer?

How did you hear about Hispanic Unity of Florida?

() Website () School () Student/Family Guide Book () HUF () Newsletter
 () Agency Referral: _____ () Radio/ TV () Volunteer Fair () Other: _____

I understand that the services I provide to Hispanic Unity of Florida will be provided without compensation. As a volunteer, I agree to abide by all the rules, regulations and policies.

Signature of Volunteer Applicant:

Date:

I, (Print name of Parent/Guardian or Legal Custodian) _____ hereby give my permission for (PRINT name of Minor) _____ to participate as a volunteer at Hispanic Unity of Florida, Inc.

Signature of Legal Guardian/Parent:

Date:

Section III- Volunteer Coordinator Use Only

Date Interviewed: _____

Interviewer: _____

Date Entered: _____

Volunteer Supervisor: _____

Submit application to: Hispanic Unity of Florida, Attention: Front Desk
 5840 Johnson St., Hollywood, Florida 33021