

**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
ID # or Driver's License #					Sex: ___Female ___ Male
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**

<b>Volunteer Interest</b> <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:		<b>Special Skills/Experience</b> <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:		<b>Languages</b> <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 ( ) United Way ( ) 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:	
<b>Section III- Volunteer Coordinator Use Only</b>					
Date Interviewed: _____		Interviewer: _____			
Date Entered: _____		Volunteer Supervisor: _____			

Please complete and either scan to: [YCarusi@Hispanicunity.org](mailto:YCarusi@Hispanicunity.org) or fax to 954-964-8646