

VOLUNTEER APPLICATION

COVENANT HOUSE FLORIDA

VOLUNTEER SERVICES DEPARTMENT
 5931 E. COLONIAL DRIVE • ORLANDO, FL 32807
 PHONE 407-736-9003 • FAX 407-736-1320
 WEB SITE <http://www.covenanthousefl.org>
 E-MAIL Inoel@covenanthousefl.org

Please print and complete all questions.

Last Name		First Name		Middle Name		Social Security Number	
Address				City		State	ZIP Code
Telephone				Have you ever been convicted of a felony? Yes ___ No ___ If yes, please explain:			
E-mail							

Have you ever volunteered for Covenant House before? Yes ___ No ___

If yes, when and where?

Are you a former resident? Yes ___ No ___

If yes, when and where?

Do you have a Florida Driver's License? Yes ___ No ___

Do you have a good driving record? Yes ___ No ___

Are you over 21 years of age? Yes ___ No ___ (Volunteers must be over 21)

How were you referred to Covenant House Florida?

EDUCATION	Name	Address	City	State	ZIP	Degree	Major and Honors
HIGH SCHOOL							
COLLEGE							
UNIVERSITY							
OTHER EDUCATION OR TRAINING							

List any school activities or memberships in organizations that you consider relevant to volunteering at Covenant House Florida.

List any skills that are relevant to volunteering at Covenant House Florida:

Please provide a copy of your résumé, if possible.

EMPLOYMENT HISTORY

List employment for the past five years, beginning with the most recent employer.

Company:	Address:	Telephone Number:
Supervisor's Name:		
Dates of Employment From: To:	Briefly describe your position and responsibilities:	
Company:	Address:	Telephone Number:
Supervisor's Name:		
Dates of Employment From: To:	Briefly describe your position and responsibilities:	
Company:	Address:	Telephone Number:
Supervisor's Name:		
Dates of Employment From: To:	Briefly describe your position and responsibilities:	

VOLUNTEER EXPERIENCE

Organization:	Address:	Supervisor's Name and Title Telephone Number:
Dates of Service From: To:	Briefly describe your volunteer position and responsibilities:	
Organization:	Address:	Supervisor's Name and Title Telephone Number:
Dates of Service From: To:	Briefly describe your volunteer position and responsibilities:	

PERSONAL REFERENCES

** When submitting your volunteer application, please present a minimum of three letters of recommendation from individuals who have known you two years or longer. Do not list relatives. These personal references should speak to your good moral character and be willing to recommend you for the volunteer position(s) for which are applying. Below, list the names of those individuals who have agreed to write a reference letter for you.

Name	Address	City	State	Zip
Relationship	Years Known?		Telephone Number	
Name	Address	City	State	Zip
Relationship	Years Known?		Telephone Number	
Name	Address	City	State	Zip
Relationship	Years Known?		Telephone Number	

Please indicate which volunteer position(s) you are interested in applying for at Covenant House Florida.

Direct Care Volunteer Positions

- Morning Assistant
- Pastoral Assistant
- Direct Care Assistant
- Recreation Assistant
- Other (specify); _____

Non-Direct Care Volunteer Positions

- Donation Assistant
- Housekeeping Assistant
- Food Services Assistant
- Other (specify): _____

Days/Hours available for volunteering: _____

Date you are available to begin volunteer services: _____

Are you able to commit to a set weekly schedule (minimum of 3 hours per week) for a 6 month volunteer service commitment? YES/NO

Please write a brief essay explaining why you would like to volunteer at Covenant House Florida.

I understand that I must abide by Florida law and regulations governing child care agencies if I volunteer at Covenant House Florida. The Florida law requires Covenant House Florida to obtain at least three personal references regarding my good moral character, and I hereby authorize Covenant House Florida to do so. I understand that my falsification, misstatement or failure to fulfill Florida law in this matter will prohibit me from volunteering at Covenant House Florida. **I hereby release Covenant House Florida and its agents, officers and employees, from liability for any damages whatsoever incurred in obtaining all information and references.**

The foregoing answers are complete and true. No information has been withheld that would affect my application unfavorably. Each of my former employers and all other persons having information concerning me are authorized to give this information to Covenant House Florida. My volunteer service at Covenant House Florida will commence pending reference approval.

Applicant Signature _____ Date _____