



401 East 1st Street, Unit 375
Sanford, FL 32772

Inspiration and Change, Inc. Volunteer Application

Personal Information

Last Name		First Name and Preferred Pronouns			Middle Initial
Address		City	State	Zip	County
Home Phone	Work Phone	Cell Phone	Gender/Gender Identity		
E-Mail			Preferred Name		
Over 18 years of age: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Languages: <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Fluent					
Drivers License <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____ State: ____ State Issued ID: <input type="checkbox"/> Yes <input type="checkbox"/> No					

Emergency Contact

Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no , please write your parent/legal guardian's name below.	
Address:		City:	
State	Zip	Phone:	Phone 2:
Second emergency contact name and phone:			

Previous Employment/Volunteer Information

Employer 1		Occupation		
Address		City	State	Zip
Job title	Duties & Responsibilities			
Employer 2		Occupation		
Address		City	State	Zip
Job title	Duties & Responsibilities			

Education and Training

High School Name	City	State	Diploma/Equivalent <input type="checkbox"/> Yes <input type="checkbox"/> No
College/Technical School	City	State	Degree <input type="checkbox"/> Yes <input type="checkbox"/> No
Major	Other Training		

Professional Licenses

Type	No.	State	Expiration Date
Type	No.	State	Expiration Date

Personal or Professional References

Name	Professional or Personal?	Phone	Relationship
Name	Professional or Personal?	Phone	Relationship

Availability: The Inspiration and Change, Inc. schedule varies, and we have activities during night and weekend hours.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.	<input type="checkbox"/> a.m.
<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.	<input type="checkbox"/> p.m.

Are you willing to volunteer in these counties?

Seminole Orange Osceola Volusia Other Florida Counties

I hereby certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge. I understand that false statements of any kind or omission of facts called for in this application are a basis for dismissal as a volunteer regardless of when they are discovered. I understand that I am not applying for employment with Inspiration and Change, Inc., but rather a volunteer position which can be terminated at any time by me or by Inspiration and Change, Inc.

By signing (either electronically by entering full name or by hand) this form I agree that I will complete or give permission to perform any required online background checks. I understand that I will not be registered as a volunteer until my background check has been successfully completed and I have completed all new volunteer training.

By checking off the box and typing your name below you will certify all information above as correct.

Signature: _____ Date: _____