



VICTIM SERVICE CENTER
OF CENTRAL FLORIDA

Volunteer Application

Contact Information

First	Middle	Last
Street Address		Apt#:
City	State	Zip
Cell Phone	Home Phone	
Email	DOB (Month & Date Only)	

Volunteer Opportunities

Please select the position(s) of interest:

<input type="checkbox"/> Programs & Services	<input type="checkbox"/> Speaker's Bureau	<input type="checkbox"/> Outreach and Prevention	
<input type="checkbox"/> Online Volunteer	<input type="checkbox"/> Administration	<input type="checkbox"/> Volunteer Work group	<input type="checkbox"/> Special Events
<input type="checkbox"/> Sexual Violence Programs & Services			

Please describe any relevant work, volunteer or personal experience or training:



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Please describe your reason(s) for wanting to volunteer with the Victim Service Center:

What day(s) and hours are you available to volunteer? Please mark all that apply. Hours may vary due to assignment.

Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Special Events	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Please list two references- (1) Professional and (1) Personal/Academic:

Name _____ Relationship _____

Email _____

Phone Number # 1 _____

2 _____

Name _____ Relationship _____

Email _____

Phone Number # 1 _____

2 _____



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Volunteer History

Have you ever been convicted of a felony or misdemeanor other than minor traffic violations, and/or been placed on probation, fined or given a suspended sentence in court? Include any convictions in military court and any criminal charges for which you are awaiting trial. List all cases other than minor traffic violations. (Driving under the influence, reckless driving or hit-and run ARE NOT MINOR traffic violations). Your fingerprints may at some point be sent to state and federal agencies and all service will be subject to satisfactory review of any criminal convictions.

PLEASE NOTE: A full disclosure by you is to your advantage as your record does not constitute an automatic bar to service. Factors such as but not limited to your age at the time of the offense(s), type of offense(s) as well as the relationship between the offense(s) and the job(s) for which you apply will be taken into account. However, failure to admit convictions will result in disqualification.

Does the above paragraph apply to you? Yes No

If yes, please explain in detail:

Have you ever had a criminal record sealed and/or expunged?

Yes No

If yes, please explain in detail:



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Volunteer Agreement

I certify that all the information contained in this application is correct and complete to the best of my knowledge. I understand that falsification of this application in any detail is grounds for disqualification for further consideration or dismissal from service. I hereby authorize investigation of all statements I have made herein. I authorize the persons or companies herein referenced to give information regarding my past employment, together with any information that they have regarding me, whether or not it is in their records. I hereby release said persons and companies from all liability for any damages whatsoever resulting from issuing or obtaining this information. Additionally, I am not currently serving on the governing entity and understand that no preferential treatment will be given in applying for the volunteer program. If selected to serve with the Victim Service center, I agree to comply by all its policies, procedures, rules and regulations.

I have read and received a copy of the Victim Service Center volunteer job descriptions.

Date _____

Applicant's Name *(Please print)* _____

Applicant's Signature _____

I have read, received a copy of, and agree to abide by the Victim Service Center volunteer manual.

Date _____

Applicant's Name *(Please print)* _____

Applicant's Signature _____