



1970 Main Street, 5th Floor
Sarasota, FL 34236

Phone: 941-552-2065
Fax: 941-953-4673

Volunteer Application

Name: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Social Security Number: _____

E-mail address: _____

Residency Information (Please circle)

Are you in the area _____ Year Round _____ or _____ Seasonal?

If *Seasonal*, please indicate your availability and permanent address:

From (Month/approx. date): _____ To (Month/approx. date): _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Areas of Service

Please check the area(s) that interest you.

Mothers & Infants Program

1726 18th Street
Sarasota, FL 34234

- Infant Caregivers

Medical Records

1726 18th Street
Sarasota, FL 34234

- Assist in Transferring Paper Records to Electronic Records

Employment & Volunteer History

Employment History

Company Name: _____ Phone: _____

City: _____ State: _____

Length of Employment: _____ From: _____ To: _____

Your Title: _____ Supervisor: _____



Company Name: _____ Phone: _____

City: _____ State: _____

Length of Employment: _____ From: _____ To: _____

Your Title: _____ Supervisor: _____



Company Name: _____ Phone: _____

City: _____ State: _____

Length of Employment: _____ From: _____ To: _____

Your Title: _____ Supervisor: _____



Volunteer Experience

Agency: _____ Duties: _____

Length of Service: _____ From: _____ To: _____



Agency: _____ Duties: _____

Length of Service: _____ From: _____ To: _____



Have you volunteered at *First Step* before? _____ If so, what was the year? _____

Motivation Questionnaire

Why did you choose to volunteer for *First Step*? _____

If you have not done volunteer work in the past, what made you decide to volunteer now?

What did you especially enjoy in your past volunteer experience or in your profession?

What are you looking for in your volunteer work with *First Step*? _____

Do you have any unique or special skills you can offer? _____

Are there any situations you would like to avoid? _____

Please list any church groups, clubs, memberships, fellowships, etc. of which you are affiliated:

References

List names of friends or relatives who are employed or volunteering at *First Step*:

Name _____ Name: _____



List two references (personal or professional) who know of your abilities and interests:

Name: _____ Phone: _____

Describe your relationship: _____



Name: _____ Phone: _____

Describe your relationship: _____

Education

Please list the number of years attended and indicate any applicable degree below.

High School: _____ College: _____ Graduate Level: _____

Do you have any special skills, training or hobbies? _____

Please list languages in which you are fluent: _____

Schedule Information:

Please check the times you prefer for volunteering:

	Mon	Tues	Wed	Thurs	Fri
Morning					
Afternoon					
Evening					

No Preference _____ My Schedule Varies and I prefer to have random availability _____

**Please note, infant caregivers for the Mothers & Infants program are scheduled Monday-Friday from 9 am until 4 pm and also from 5 pm until 7 pm. Family visitation is conducted on the weekends.

Medical Records volunteers can come anytime between 9 am- 5 pm M-F, as scheduled with med records supervisor.

First Step Information

How did you hear about *First Step*? _____

Have you ever been arrested? _____

If yes, please list the charges and legal outcomes: _____

Volunteer Requirements

The following requirements must be met by First Step volunteers:

- Background Check & Fingerprinting
- TB Test
- Negative Drug Test
- Department of Children & Families Personal Reference
- Affidavit of Good Moral Character
- Review of First Step professional boundaries policies
- Review of First Step confidentiality policies

These items are all covered during the volunteer orientation.

Please sign and date your application:

Applicant Signature

Date

Thank you for your interest in *First Step*!