



For Office Use Only
BG Ck _____
Ref Ck _____
Approved _____
Date
By _____

Vision of Hope, Inc.
5555 Woodbine Rd.
Pace, FL 32571
(850) 994-2000

Website: www.visionofhopefl.org
Email: visionofhopefl@att.net

VOLUNTEER APPLICATION

Personal Data Please print carefully. Thank you!

Name _____

Email _____ Male _____ Female _____

Address _____ City/State _____ Zip code _____

Phone: Home _____ Cell _____ Work _____

Date of Birth (Month/Day/Year) _____ Driver's License # _____

Reasons for volunteering with Vision of Hope: _____

Previous Volunteer Experience: _____

Occupation (past occupation if retired) _____

Professional licenses/certificates that may enhance your volunteer experience _____

Interests and Hobbies: _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, explain _____

List any physical conditions that may limit your activities _____

Emergency Contact _____ Phone _____

REFERENCES (2 Professional and 2 Personal not related to you):

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

I certify that all the above information is correct to the best of my knowledge. I further understand that false or misleading information may be grounds for rejection of my application. I hereby give Vision of Hope, Inc. permission to contact my references; contact my employers, past and present; and to conduct a background check. I hereby acknowledge that I have read and understand the above statements.

Applicant's Signature

Date

Applicant's Printed Name