



**VOLUNTEER APPLICATION**

6075 Bathey Lane • Naples, FL 34116  
 Phone: (239) 455-8500 • Fax: (239) 455.6561

Referral source:

- Advertisement   
  Internet   
  DLC Employee/Volunteer/Relative   
  Walk-in  
 Educational facility: \_\_\_\_\_   
  Other: \_\_\_\_\_

**PERSONAL INFORMATION:**

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Are you at least 18 years of age?     No     Yes  
 Are you a seasonal resident?     No     Yes  
 If so, when are you in Naples? \_\_\_\_\_  
 Do you have any friends or relatives employed by David Lawrence Center?     No     Yes

**VOLUNTEER OPPORTUNITIES:**

Do you have any previous volunteer experience?     No     Yes  
 If so, where? \_\_\_\_\_  
 Are you currently employed or attending school?     No     Yes  
 Please list education, training or licenses: \_\_\_\_\_  
 Previous career, education and/or work experience? \_\_\_\_\_

Please state any hobbies, interests or skills that you feel may be helpful to us in considering your volunteer placement:

Please briefly tell us why you would like to be a volunteer with the David Lawrence Center.

**How often are you available to volunteer?**

- Once a week   
  Once a month   
  Other (please specify) \_\_\_\_\_  
 Would you to be willing to be on-call for special assignments?     Yes     No

Please check days and times you are available to commit to volunteer:

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							
EVE							
Varies (explain)							

Do you have any physical limitations you wish us to consider when placing you?

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**Area of Interest**

- ENCORE Resale Shops  
 Fundraising       Mailings       Event set up \_\_\_\_\_  
 Non-Confidential Administrative:  
 Clerical/Office Assistance     Receptionist     Office support     Telephone Switchboard  
 Confidential Specific Program Assistance: \_\_\_\_\_

Have you been convicted of a felony, filed a plea of nolo contendere, or other plea amounting to an admission of guilt?  Yes  No. If yes, please explain.

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Have you been convicted of the violation of any law prohibiting abuse against a child, or of an act of domestic violence?  Yes  No. If yes, please explain.

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To your knowledge, has a report of a child abuse or other domestic violence been filed against you with any enforcement agency?  Yes  No. If yes, please explain.

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**References**

Please provide the name, address, and telephone number of three character references who are not related to you.

NAME

CITY

PHONE

RELATIONSHIP

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**RELEASE STATEMENT- CONDITIONS OF VOLUNTEERING**

I authorize the references listed to give you any and all pertinent information they may have and release all parties from any liability concerning the information they release. I hereby certify that the information listed on this application is true and correct. I understand that if any false, incomplete or misleading information is given by me on this application, I will be disqualified for placement as a volunteer. Also, if such falsification of this application is discovered once I am placed in a volunteer position, I understand it will constitute grounds for my services to be terminated.

If placed in an area where I will be providing services with contact with clients or have access to confidential information, I agree to undergo fingerprinting and provide information needed for the background screening required by Florida statutes. I understand that satisfactory results from such screenings are a condition of my continued volunteer placement. I understand and agree that I may be requested to undergo a reasonable suspicion drug/alcohol screening and that refusal to take this test or positive test results may result in my volunteer placement being terminated.

If placed, I understand that my continued service depends on progressing satisfactorily in performing the performance expectations of the position.

Signature \_\_\_\_\_

Date: \_\_\_\_\_