



VOLUNTEER APPLICATION

www.foundationforfosterchildren.org
 2807 Edgewater Drive
 Orlando, FL 32804
 Phone: 407.422.4615
 Fax: 407.422.3668

CONTACT INFORMATION

Name _____

Street Address _____

City _____ State _____ ZIP Code _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

AVAILABILITY

During which hours are you available for volunteer assignments?

TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
9AM-12PM					
1PM-3PM					

INTERESTS

Tell us in which areas you are interested in volunteering:

- Office Support (filing, phone, scheduling)
- Special Events
- Computer Data Entry
- Fundraising/ Donor Relations
- Donation Coordinator
- Newsletter
- Maintain Menu of Needs
- Statistics/ Research
- Volunteer Recruitment
- Public Speaking
- Book keeping
- Volunteer Relations
 - Recruitment
 - Coordination

SPECIAL SKILLS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work or through other activities, including hobbies or special interests.

PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience. (Where you volunteer and what you do.)

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name_____

Street Address_____

City_____ State_____ ZIP Code_____

Home Phone_____ Work Phone_____

Cell Phone_____ E-mail_____

AGREEMENT AND SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me may result in my immediate dismissal.

Name (Printed)_____

Signature_____ Date_____

OUR POLICY

It is the policy of the Foundation for Foster Children to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. Thank you for your interest in volunteering with the Foundation.