

# Fostering Hope Florida Volunteer Application Form

*Please use the back of the form for any extra space needed.*

Name

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Address

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City/State/ZIP

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Phone Numbers

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E-mail

---

Driver's License Number & State

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Last four digits of SSN

Date of Birth

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In Case of Emergency:  
Contact Name & Phone Number

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Why are you interested in volunteering for Fostering Hope Florida?

What specific jobs are you interested in helping with?

- |   |                                    |                                       |
|---|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Board of Directors         | <input type="checkbox"/> Mentoring | <input type="checkbox"/> House Helper |
| <input type="checkbox"/> Fundraising                | <input type="checkbox"/> Clerical  | <input type="checkbox"/> Babysitting  |
| <input type="checkbox"/> Tutoring - subjects: _____ |                                    | <input type="checkbox"/> Other: _____ |

What previous experience do you have in these areas?

Where have you volunteered previously?

List other skills and special knowledge or education you have which might be beneficial to Fostering Hope.

What days/hours would you be able to volunteer?

Do you have any medical conditions which would limit your volunteer duties?  Yes  No  
If yes, please explain

Have you ever been arrested?  Yes  No  
If yes, please explain

Have you ever been convicted of a felony/misdemeanor?  Yes  No  
If yes, please explain

Please give the names, addresses and phone numbers for two references.

1. \_\_\_\_\_

2. \_\_\_\_\_

***If accepted as a volunteer, I agree to abide by all policies and procedures of Fostering Hope Florida, to maintain confidentiality and submit any reports, if requested.***

***I hereby swear and affirm that I have never been convicted of any charges involving crimes against children, including physical or sexual abuse and I am not a registered sex offender.***

\_\_\_\_\_  
Signature Date

***If you are under 18, please have a parent or guardian sign below.***

\_\_\_\_\_  
Signature of Parent or Guardian Date

\_\_\_\_\_  
Please print parent or guardian name

Please mail application to: Fostering Hope Florida, P.O. Box 1632, Clearwater, FL 33757  
Or e-mail: [becky@fosteringhopeflorida.com](mailto:becky@fosteringhopeflorida.com)  
Questions? Call Becky at 727-512-9981