



Aphasias
Community
Center

Volunteer Application please print

Full Name: _____ Today's Date _____

I can volunteer beginning on (please provide date): _____

Number of volunteer hours desired per week: _____

Days of week available: _____

Florida Address: Circle one PERMANENT SEASONAL Dates: _____

Home Phone _____ Cell Phone _____

Other Address: _____

E-Mail _____

May we add your e-mail to our distribution list? Yes ___ No ___

Emergency Contact Name: _____ Phone _____

Is English your native/first language? YES NO Other Language(s) Spoken: _____

Education: Highest grade/degree completed _____

Occupation _____

Past Occupations

Previous Volunteer Experiences

List food and environmental allergies: _____

Do you have any medical conditions that you would like us to know about? No ___ Yes ___

If yes, please list:

Do you have any physical, sensory, cognitive/behavioral, or communication limitations that may require accommodations? No ___ Yes ___

If yes, please describe:

What types of volunteer work for the Aphasia Community Center would you like to do?
Please describe.

What are your special skills and talents?

The information I provided is accurate. I understand that volunteers are required to complete a volunteer orientation. I allow you to contact the references provided below.

Signature of Applicant: _____ Date _____

Applicant's Name (Print) : _____

Thank you for interest in becoming a volunteer at the Aphasia Community Center and for completing this form. We appreciate your interest in our organization and your assistance!

Aphasia Community Center
P.O. Box 693, Sarasota, FL 34230-0693
aphasiacommunitycenter@gmail.com
(941) 500 – 4748

Please provide 2 professional references: persons from a previous work or volunteer experience, etc.

Professional Reference #1

Name:

Phone:

E-mail:

In what capacity do/did you know this reference?

Professional Reference #2

Name:

Phone:

E-mail:

In what capacity do/did you know this reference?

***Please provide a copy of your driver's license or state identification card with this completed form.**