



Volunteer Registration Form

Name: _____ Month/Day of Birth: _____
 Address: _____ City: _____
 State/Zip: _____ Email: _____
 Home Phone: _____ Alt. Phone: _____
 Emergency Contact Name: _____ Phone: _____
 Relationship: _____

Skills and Interest

1. Education Background: _____
2. Current/Previous Occupations: _____
3. Hobbies/Skills/Interest: _____
4. Are you multilingual? –note language(s) _____

Preferences in Volunteering (please check areas of interest)

_____ Front Desk Receptionist	_____ Pet Sitter
_____ Maintenance/Repairs	_____ Donations
_____ Fundraising/Committee	_____ Holiday/Special Events
_____ Gardening/Landscaping	_____ Newsletter

What months are you available for volunteer service?

Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec

What days of the week do you prefer?

Time	Sun	Mon	Tues	Wed	Thu	Fri	Sat
AM							
PM							

What attracted you to our agency? _____

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work? _____

Have you ever had any experience working with victims of domestic violence? _____

How did you hear about us? _____

Please list two non-family references who we may contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

Photo Release

I _____ DO _____ DO NOT consent and authorize Citrus Abuse Shelter Association, Inc. (CASA) to use my photograph and/or quotations from me in legitimate accounts and promotions of volunteer projects.

Background Verification

Have you ever been convicted of a criminal offense? _____ Yes _____ No

Have you ever been charged with neglect, abuse or assault? _____ Yes _____ No

Has your driver's license ever been suspended or revoked in any state? _____ Yes _____ No

Do you use illegal drugs? _____ Yes _____ No If yes, please explain _____

Confidentiality Agreement

I understand that, in the performance of my duties as a CASA volunteer, I may have access to confidential information while I am volunteering. I hereby agree to abide by all confidentiality rules and procedures. I further understand that all participant files, notes, books, information etc. will remain in the CASA office. I understand that anything I may hear or see is confidential and cannot be revealed to anyone. I also understand that by releasing participant files or privileged information, I am not only liable criminally, but also civilly by CASA and the participants. I also agree not to reveal names of any participants that I may have come in contact with during my time as a volunteer.

Signature **required** for all applicants

Signature of Applicant

Date

Signature of Parent/Legal Guardian (for child under 18 years of age)

Date

P.O. Box 255 Inverness, FL 34451
Office – 352-344-8111 Fax – 352-344-0548