



**Volunteer Application**

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 or entered into a Pre-Trial Intervention

Contract? \_\_\_\_\_ 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 \_\_\_\_\_

### Tobacco Free Facility

Tobacco products are defined as the following, which include but are not limited to, cigarettes, cigars, pipes, cigarillos, tobacco chew, plug, or snuff, snus, hookah, bidis and kreteks. E-cigarettes such as vaping products and JUULS are included because they are a tobacco-like product and may contain nicotine.

CASA is committed to providing a safe and healthy workplace by promoting the health and well-being of its employees and their families. The health hazards related to smoking impacts both the smoker and the non-smoker who is exposed to secondhand and even thirdhand smoke. Therefore, CASA prohibits the use of all tobacco products, defined above, anywhere on company grounds.

### 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 205 Inverness, FL 34451  
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