



The Ceramic Garden, Where Art is Therapy
19213 N. Dale Mabry Hwy, Lutz FL 33548
813-536-0012 – info@theceramicgarden.com

VOLUNTEER APPLICATION

Date _____ Volunteer position applied for _____

Name _____ DOB _____

Address _____ City _____ State _____ ZIP _____

Your cell phone _____ Your E-Mail (PRINT) _____

Emergency contact (EC) name _____ Relationship _____

EC cell phone _____ Secondary EC cell phone/Relationship _____

Previous volunteer experience or past occupation if retired _____

Other information that will help us make a good match (education, interests/hobbies, clubs, languages spoken, etc.) _____

AVAILABILITY: (Please check all applicable)

- | | | |
|---|---|--|
| <input type="checkbox"/> Mornings (Mon-Fri) | <input type="checkbox"/> Afternoons (Mon-Fri) | <input type="checkbox"/> Evenings (Mon-Fri) |
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Once A Week | <input type="checkbox"/> More than Once A Week |
| <input type="checkbox"/> One Time Only | <input type="checkbox"/> As Needed | <input type="checkbox"/> Community Festivals |

Do you have a valid Florida Driver's License? Yes No

License Number _____ Vehicle License Plate Number _____

Insurance Company _____ Policy # _____

Have you ever been convicted for violation of any Laws, traffic or otherwise? Yes No

If Yes, explain _____

Do you have any physical condition that may limit your activities? Yes No

If yes, describe _____

Print your name

Sign your name