

**Mail or fax your application to:**

6075 Bathey Lane • Naples, FL 34116 • Phone: (239) 455-8500 • Fax: (239) 455-6561

Referral source:

- Advertisement  
  Friend  
  Relative  
  Internet  
  DLC Employee/Volunteer  
  Walk-in  
 Educational facility  
  Other \_\_\_\_\_

**PERSONAL INFORMATION:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth (year optional if over 18) \_\_\_\_\_

Are you a seasonal resident?  No  Yes

If so, when are you in Naples? \_\_\_\_\_

Do you have any friends or relatives employed by David Lawrence Center?  No  Yes

**VOLUNTEER OPPORTUNITIES:**

Do you have any previous volunteer experience?  No  Yes

If so, where? \_\_\_\_\_

Are you currently employed or attending school?  No  Yes

Please list education, training or licenses \_\_\_\_\_

Previous career, education and/or or work experience? \_\_\_\_\_

Please state any hobbies, interests or skills that you feel may be helpful to us in considering your volunteer placement:

\_\_\_\_\_

\_\_\_\_\_

Please briefly tell us why you would like to be a volunteer with the David Lawrence Center.

\_\_\_\_\_

**How often are you available to volunteer?**

Once a week  
  Once a month  
  Other (please specify) \_\_\_\_\_  
 Would you to be willing to be on-call for special assignments?  Yes  No

Please check days and times you are available to commit to volunteer:

	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							
EVE							
Varies (explain)							

Do you have any physical limitations you wish us to consider when placing you?

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**Area of Interest**

- ENCORE Resale Shops
- Fundraising     Event set up \_\_\_\_\_
- General
  - Clerical/Office Assistance     Receptionist     Office support
  - Mailings     Telephone Switchboard
- Specific Program Assistance: \_\_\_\_\_

Have you been convicted of a felony, filed a plea of nolo contendere, or other plea amounting to an admission of guilt?  Yes  No. If yes, please explain.

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Have you been convicted of the violation of any law prohibiting abuse against a child, or of an act of domestic violence?  Yes  No. If yes, please explain.

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To your knowledge, has a report of a child abuse or other domestic violence been filed against you with any enforcement agency?  Yes  No. If yes, please explain.

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**References**

Please provide the name, address, and telephone number of three character references who are not related to you.

<u>NAME</u>	<u>CITY</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>

**RELEASE STATEMENT- CONDITIONS OF VOLUNTEERING**

I authorize the references listed to give you any and all pertinent information they may have and release all parties from any liability concerning the information they release. I hereby certify that the information listed on this application is true and correct. I understand that if any false, incomplete or misleading information is given by me on this application, I will be disqualified for placement as a volunteer. Also, if such falsification of this application is discovered once I am placed in a volunteer position, I understand it will constitute grounds for my services to be terminated.

If placed, I agree to undergo fingerprinting and provide information needed for the background screening required by Florida statutes. I understand that satisfactory results from such screenings are a condition of my continued volunteer placement. I understand and agree that I may be requested to undergo a reasonable suspicion drug/alcohol screening and that refusal to take this test or positive test results may result in my volunteer placement being terminated.

If placed, I understand that my continued service depends on progressing satisfactorily in performing the performance expectations of the position.

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