



PATHWAYS for change

Changing Lives • Reducing Crime • Building Futures

VOLUNTEER APPLICATION

The information on this form will be used to match as closely as possible your skills and interests with the volunteer opportunities available in the Pathways for Change Programs.

Name _____ Date _____
Last First Middle Maiden

Address _____

E-Mail Address _____ Phone _____

Please know that Pathway for Change may review the Department of Law Enforcement Sex Offender Registry of Florida and/or ask for a background check at any time.

Social Security #: _____ Date of Birth: _____

Driver's License #: _____ State Issued: _____ Exp Date: _____

Personal Health History

Please complete the following health questionnaire. If, for any reason, anything were to happen to you while under the direction of Pathways For Change, we will be prepared to better direct your care. If you have experienced or have had problems with any illnesses in the past, please list. All information will be held in strict confidence and placed in your file.

Please list all allergies: _____

Please list all health problems you have experienced in the past:

Are you presently under a doctor's care? If yes, please list. _____

Are you taking any medications? If yes, please list. _____

Have you had any operations within the past 5 years? If yes, please explain.

Insurance Provider: _____

Insurance Number: _____

Physician's Name: _____

Emergency Contact Person: _____

Relation: _____

Phone Number: _____

Comments: _____



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The above information is correct and I give my permission for Pathways For Change to contact my physician if further information is needed.

Signature _____

Date _____

Education Completed: High School _____ College _____ Other (explain) _____

Briefly explain why you wish to volunteer in the Pathways for Change Programs:

What age groups are you most interested in working with?

Infants/Toddlers

High School

Elementary

Adults

Middle School

Any Age

Where are you interested in volunteering? (Check all that apply)

Men's Residential Treatment Program

The Family Center

Community Garden

Please select from the following volunteer opportunities (Check all that apply):

Tutoring/GED Assistance

Front Desk Assistance

Creative Writing

Math

Clerical Assistance

Art

Reading

Computer Assistance

Music

Science

Cleaning/Janitorial Work

Photography

Mentoring

Maintenance

Gardening

Child Care

Physical Education/Coaching

Exercise Class

Other _____

Other _____

Other _____

When are you available to volunteer? (Please fill in your availability)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

If you are able to speak a foreign language please indicate which one(s):

Is this request to volunteer motivated by a requirement for college coursework/department?

Yes No

If yes, please complete the following: Major _____ Year _____

Do you have any special needs to assist you in performing your volunteer duties?

Volunteer Disclosure Statement

It is the policy of Pathways for Change to make every reasonable effort to provide a safe learning environment for students and/or adults working with volunteers. Therefore, we require the following confidential information from volunteers who work directly with students or assist staff on a regular basis; supervise/chaperone students; or act as a primary authority figure. This statement must be completed and returned prior to beginning any volunteer experience. A "YES" answer to these questions will not automatically prohibit you from volunteering. However, failure to answer the questions in this application truthfully and completely may result in your disqualification from consideration for volunteering or discharge from volunteering if you are accepted.

1. Have you ever plead guilty or 'no contest,' receive a withheld judgment, or been convicted of a felony or misdemeanor under Florida law or any other state/country law?

____ Yes ____ No If yes, please explain and include state and location of each offense:

2. Have you ever been convicted of ANY sex, alcohol or drug related offense?

____ Yes ____ No If yes, please explain and include state and location of each offense:

3. Have you ever been convicted, or had an administrative finding, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?

____ Yes ____ No If yes, please explain and include state and location of each offense:

4. Have you ever been the subject of or listed as the perpetrator in a founded child abuse report?

____ Yes ____ No If yes, please explain and include state and location of each report:

5. Are you required to register as a sex offender with the Sex Offender Registry?

____ Yes ____ No If yes, please explain and include state and location:

6. Do you currently have charges pending, or are there any ongoing investigations relating to any of the aforementioned?

____ Yes ____ No If yes, please explain and include state and location:

I understand that any misrepresentation or material omission made by me on the application will be sufficient cause for cancellation of this application or immediate termination of my volunteer assignment, whenever it may be discovered.

Signature: _____ Date: _____

Please list 2 professional or educational references that we may contact regarding your history:

Name 1: _____ Phone: _____

Name 2: _____ Phone: _____

JOIN TODAY AND BECOME A PART OF THIS EXCITING PROGRAM!