

CONTACT INFORMATION:	
Last Name, First, Middle:	
Home Address in Florida (street, city, state, zip):	
If you are NOT a year-round Florida Resident, please provide your out-of-state address (street, city, state, zip):	
Cell Phone Number:	Home Phone Number:
E-mail Address:	
Preferred Method of Contact: <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> Text	

REFERRAL STATUS:
Please tell us how you heard about our All Star's Volunteer Program.

VOLUNTEER GOALS:
Please tell us what you are hoping to gain from volunteering at All Star.

PREVIOUS VOLUNTEER EXPERIENCE:
Please summarize your past/current volunteer experience(s).



**EMPLOYMENT EXPERIENCE:**

Please describe your employment history below (e.g., Agency name, your job title, etc.)

**EDUCATIONAL BACKGROUND:**

Please describe your educational background below, including your highest level of education obtained.

**CERTIFICATION & LICENSURE:**

Please describe any special certifications and/or licenses below.

**LANGUAGE FLUENCY:**

If fluent in language other than English, including sign language, please note below.

**SKILLS & TALENTS:**

Please describe any special skills or talents you may have below.

**VOLUNTEER OPPORTUNTIES & INTERESTS:**

Please check activities which interest your or best represent your skills below.

- |   |  |
|---|--|
| <input type="checkbox"/> Fundraising                  | <input type="checkbox"/> Tutoring/Academic Support |
| <input type="checkbox"/> Special Events               | <input type="checkbox"/> Childcare/Babysitting     |
| <input type="checkbox"/> PR/Communications/Marketing  | <input type="checkbox"/> Household Help/Cleaning   |
| <input type="checkbox"/> Office/Clerical              | <input type="checkbox"/> Mentorship                |
| <input type="checkbox"/> Customer Service/Hospitality | <input type="checkbox"/> Enrichment/Arts           |

**All Star Children’s Foundation**  
3300 17<sup>th</sup> Street, Sarasota, FL 34235  
941.217.6503  
[www.AllStarChildrensFoundation.org](http://www.AllStarChildrensFoundation.org)



**AVAILABILITY:**

Please indicate days and times you are typically available to volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**DISCLOSURES:**

Please indicate below whether the following statements apply to you:

Have you ever been convicted or found guilty of a crime (other than routine traffic violation)?  Yes  No  
 Do you have a valid state Driver's License?  Yes  No

**REFERENCES:**

Please list 3 persons we may call to inquire about your skills, experiences, and character. You may list one relative, but please try to include two other work or volunteer-related references.

Name	Relationship to You	Phone Number:
1.		
2.		
3.		

**AGREEMENT:**

I hereby give the All Star Children's Foundation (ASCF) permission to contact my references and inquire into my skills, experiences, and character. I hereby hold ASCF harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information to me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to ASCF. I understand that ASCF will use this information to verify my ability to serve in a volunteer role at ASCF. I further understand that completion of this application does not guarantee acceptance into the program and that ASCF may terminate this agreement at any time without prior notice.

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 Signature of Volunteer Applicant

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 Date

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