



Volunteer Pasco
“Matching Volunteers with the needs of our Community”
A United Way Sponsored Program
Volunteer Application

Please print application and fax to (727) 845-3032

PROVIDE THE FOLLOWING INFORMATION (please print clearly)

Name: _____ Date: _____

Address: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Emergency Contact: _____ Phone: _____

Previous Volunteer experience: _____

Volunteer Assignments from website – www.unitedwaypasco.org

Please list what opportunities you are interested in:

- 1. _____
- 2. _____
- 3. _____

Age Category _____ adult _____ teen _____ child

Are you aware of any condition that would prohibit or limit you from performing your duties?

What would you like to volunteer for?

- _____ Long term volunteering _____ Disaster Relief – VRC (Volunteer Reception Center)
- _____ Projects as needed _____ Needed community service hours
- _____ Court-ordered community service

When are you available?

- _____ Weekdays _____ morning _____ afternoon _____ evening
- _____ weekends _____ morning _____ afternoon _____ evening

Please contact: United Way of Pasco County, with any questions.

Or visit our web site at www.unitedwaypasco.org

Phone: 727-845-3030 Fax: 727-845-3032

SKILLS – PLEASE CHECK ALL THAT APPLY

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Counseling | <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Researchers |
| <input type="checkbox"/> Administrative/Office | <input type="checkbox"/> Crafts/Hobbies | <input type="checkbox"/> Host/Hostess | <input type="checkbox"/> Skilled Trades |
| <input type="checkbox"/> Animal Care/Rights | <input type="checkbox"/> Crisis Intervention | <input type="checkbox"/> Immigration | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Board development | <input type="checkbox"/> Data Entry | <input type="checkbox"/> Intake Counselors | <input type="checkbox"/> Store Clerk |
| <input type="checkbox"/> Business development | <input type="checkbox"/> Disasters | <input type="checkbox"/> Literacy/GED | <input type="checkbox"/> Supervision |
| <input type="checkbox"/> Caretakers | <input type="checkbox"/> Donation pick-up | <input type="checkbox"/> Maintenance/Yard Work | <input type="checkbox"/> Translation |
| <input type="checkbox"/> Career Counseling | <input type="checkbox"/> Donation sorter | <input type="checkbox"/> Mentors | <input type="checkbox"/> Transportation/Delivery |
| <input type="checkbox"/> Child/Youth development | <input type="checkbox"/> Education/Training | <input type="checkbox"/> Phone Counselors | <input type="checkbox"/> Tutors |
| <input type="checkbox"/> Childcare/Daycare | <input type="checkbox"/> Environmental | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Volunteer Coordinator |
| <input type="checkbox"/> Companion/Visiting | <input type="checkbox"/> Food Prep/Serving | <input type="checkbox"/> Recreation Sports | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Community policing | <input type="checkbox"/> Fine/Performing Arts | <input type="checkbox"/> Reception/Greeter | _____ |
| <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> Fundraising/Grants | <input type="checkbox"/> Recycling | |

Release of Liability

County, local governments, State of Florida, the participating agencies, the coordinating agencies, the organizers, sponsors and supervision of all activities from all liability for any all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer efforts in which I participate. I will abide by all safety instructions and information provided to me during any and all volunteer efforts. Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Florida, and that if any portion is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature: _____ Date: _____

Guardian, if under age 18: _____ Date: _____

SKILLS – PLEASE CHECK ALL THAT APPLY

Medical

- Doctor - Specialty
- _____
- Nurse - Specialty
- _____
- EMT
- Mental Health Prof.
- Veterinarian
- Veterinarian Tech.

COMMUNICATIONS

- CB or Ham Operator
- Telephone Receptionist
- Own a cell phone

Software

- MS Word
- WordPerfect
- Excel
- Internet
- Email
- Access

SERVICE

- Food
- Elderly
- Disabled
- Child Care
- Spiritual

Transportation

- Mark vehicles able to drive
- Car
 - Station Wagon/Van
 - Truck
 - SUV
 - ATV
 - Car
 - Boat
 - Commercial DL & ___ Class