



**VOLUNTEER APPLICATION
VMO GROUP HOME
Daytona Beach, Florida**

Date of Application _____

PLEASE PRINT CLEARLY

Name _____

(Last)

(First)

(Middle)

Address _____

(Number)

(Street)

(City)

(State)

(Zip)

Telephone (____) _____ Social Security Number ____ - ____ - ____

Occupation _____ Current Employer _____

Education _____

Why do you want to volunteer with VMO Group Home?

Are you 21 years of age or older? _____ Yes _____ No

Do you have a valid driver's license? _____ Yes _____ No

Driver's License Number _____

REFERENCES:

Names of three individuals who have known you for at least three years, are not relatives, and can discuss skills that will make you a good volunteer for VMO Group Home:

| Reference Name | Address | Business/Position | Phone Number |
|----------------|---------|-------------------|--------------|
| | | | |
| | | | |
| | | | |

Summarize special job-related skills and qualifications acquired from education, previous volunteer work, employment, military service, other community organizations. _____

Have you ever been convicted of or pled guilty to a felony or misdemeanor other than a minor traffic violation? (Conviction or plea will not necessarily disqualify applicant from volunteering with VMO Group Home) _____ Yes _____ No

If yes, please explain _____

Please list the times you are most available to volunteer _____

Source of Referral to VMO Group Home _____

I authorize investigation of all statements contained in this application.

I understand that misrepresentation or omission of facts called for is cause for dismissal.

Date _____ **Signature** _____

I understand and am aware that a Level II Background Screening, as required by the Department of Children and Families, along with a local criminal history background check WILL be required before authorization for volunteering is granted.

DATE _____ **Signature** _____