

Sunrise of Pasco County, Inc.
Volunteer Application

Name: _____ Birthdate: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Emergency Contact (if under 18, must be parent/guardian): _____

Relationship: _____ Phone: _____

Are there any medical problems or issues of which we should be aware in the event of an emergency? If so, please list them below:

Other Formal Education or Training: _____

Present Employer or School Attending: _____

References (Do Not Include Relatives)

a. Name: _____ Phone: _____

Email: _____

b. Name: _____ Phone: _____

Email: _____

c. Name: _____ Phone: _____

Email: _____

Have you ever been arrested for a crime or incarcerated (please circle)? Yes/No

If yes, please explain the nature of the crime and the date of the conviction and disposition:

Note: **Conviction of a crime is not an automatic disqualification for volunteer work.**

Do you speak, read or write any language other than English (please circle)? Yes/No

If yes, which one(s):

Do you have a reliable source of transportation (please circle)? Yes/No

The following items are to help us make a good match. There are no right or wrong answers. This is not a test, please answer to the best of your ability.

List any talents, skills, interests, or hobbies or professional expertise:

Why are you interested in volunteering with Sunrise and what do you hope to gain through your volunteer experience?

Please check the following area(s) for which you are interested in volunteering?

Administrative Support: ___ **Helping with Special Events:** _____ **Thrift Store:** _____

Direct Service: _____ **Legal Advocacy:** _____ **Peace Clubs:** _____ **Support Group:** _____

Fundraising Committee: _____ **Social Media/ Public Relations:** _____

What is your preferred area and why? _____

Time Available:

| | From | To |
|-----------|-------------|-----------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Total Hours Requested: _____ Start Date: _____

End Date (if applicable): _____

I understand that this is an application for, and not a commitment or promise of, a volunteer opportunity. I further understand that while Sunrise attempts to place all volunteer applicants, sometimes it is not possible. **I understand that direct service volunteer positions require that I complete a 30 hour Domestic Violence Core Competency Training and a 30 hour Sexual Assault Core Competency Training.**

I verify that I have provided, and will provide throughout the selection process, Sunrise of Pasco County (Sunrise) information that is true, correct and complete to the best of my knowledge. I also grant permission to Sunrise to investigate my references and background and release them from any and all liability resulting from such an investigation. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Sunrise or my termination as a volunteer.

Applicant Signature:

Applicant Name (*Please print*)

Date



Pasco Sheriff's Office



STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS

PSO Case No. (If applicable): _____

The Sheriff's Office collects social security numbers from individuals under certain circumstances, including, but not limited to: (1) employment applications; (2) arrestees; (3) individuals booked into the detention facility; (4) individuals required by law to register with the Sheriff's Office and required to provide social security numbers as identification; (5) citizen contacts during a consensual field interview; (6) traffic stops to verify identity of the driver and any other individuals present in the vehicle; (7) traffic citations; (8) when specifically authorized to do so by law, or when collection is imperative for the performance of the Sheriff's Office's duties and responsibilities as prescribed by law. All social security numbers collected by the Sheriff's Office are confidential and exempt from Florida's public records act. These social security numbers may be disclosed to another law enforcement agency or governmental entity if disclosure is necessary for the receiving agency or entity to perform its duties and responsibilities.

The Pasco Sheriff's Office may have collected your social security number. The purpose of collecting, and the intended use(s) of, your social security number are to facilitate, ensure or enable:

1. Accuracy in our identification of you;
2. The proper crime is charged;
3. Effectiveness in our police practices;
4. Our ability to protect the health and safety of persons; and/or
5. Participation in mandatory federal programs such as income, SS and Medicare taxation.

Collection of your social security number was (check one):

Mandatory (If we have mandated your disclosure of your social security number, we have done so under the authority of Title 42, Sec. 405 of the Tax Reform Act of 1976; or Florida Statutes Chapters 901 or 933 (relating to arrest or search warrant), Chapter 937 (missing persons), or Chapter 790 (investigations/return of firearms).

Voluntary

From a source other than you

I acknowledge that the Pasco Sheriff's Office has provided me with a copy of this written statement.

Printed Name: _____ Signature: _____

Date: _____

CONSENT FOR LAW ENFORCEMENT RECORDS CHECK

TO WHOM IT MAY CONCERN:

I hereby authorize the Pasco County Sheriff's Department or another law enforcement agency to complete a records check, for the purpose of providing my background information to the Sunrise of Pasco County Program.

I hereby authorize the said law enforcement agency to release this information to a representative of the Sunrise of Pasco County Program.

FULL NAME: _____

SIGNATURE: _____

RACE: _____

SEX: Male Female

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____

POSITION APPLIED FOR: _____