

**Sunrise of Pasco County, Inc.
Special Projects Volunteer**

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:

Are there any specific accommodations you would need as a volunteer?

How do you prefer to be contacted (please circle)? Email/Phone

Name of Project/Event

Date of Project/Event

What time are you available to volunteer?

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 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