



MID FLORIDA COMMUNITY SERVICES, INC.

Corporate Office: 820 Kennedy Blvd., Brooksville, FL 34601
 Mailing Address: P.O. Box 896, Brooksville, FL 34601
 Telephone (352) 796-1425 Fax (352) 796-7500

APPLICATION FOR VOLUNTEER SERVICES

This is to request consideration as a volunteer worker for Mid Florida Community Services, Inc. I understand that the agency reserves the right to make reference checks as deemed appropriate for any new prospective volunteer.

Name :		
Local Address:		
City:	State:	Zip:
Home Phone:	Business Phone:	
In Emergency Contact:	Phone:	
<u>EDUCATION</u>		
Grade Level Completed:	Major area of Training/Experience:	
Work Experience:		
Special Qualifications/Certifications:		
How much time can you volunteer?	Preferred Hours:	

I would like to be considered for an assignment in the following areas:	
<u>Program/Department</u>	<u>Volunteer Assignment</u>

CERTIFICATION STATEMENT

I understand that Mid Florida Community Services, Inc. has no obligation to assign an individual to perform voluntary services solely on the basis of this application. I have read and fully understand the contents of Florida Statutes 110.501-110.504 for volunteers of State agencies, and specified in the attachment, and the policy and procedure of Mid Florida Community Services, Inc. pertaining to Volunteer Services.

Signature

Date