



# Center for Multicultural Wellness and Prevention

Facilitating Access to Services in Florida

## **Volunteer Application Form/ Internship Application Form**

Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Status: ☐ Full-time ☐ Part-time ☐ Homemaker ☐ Retired ☐ Student

Person to call in case of emergency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Highest Education Background: \_\_\_\_\_

Please list any skills, interests and/or hobbies that you would be willing to share as a volunteer:

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### **Areas of interest at The Center for Multicultural Wellness and Prevention**

Psychosocial Program ☐ Cardiovascular ☐ Tobacco Cessation (AAR) ☐

Housing ☐ Cancer Awareness ☐ Healthy Relation/VOICES ☐ Tutoring ☐

Other ☐ \_\_\_\_\_



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## **Availability:**

1. At what times are you interested in volunteering?

☐Flexible ☐Weekdays ☐Weekends ☐Evenings ☐Preferred days

☐Other: \_\_\_\_\_

2. Do you have access to an automobile? ☐Yes ☐No

## **Background Information:**

(All volunteers must submit to a FDLE background check)

1. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

Yes\_\_\_\_ No\_\_\_\_

2. Please list two non-family references whom we might contact:

a) \_\_\_\_\_

Tel: \_\_\_\_\_

b) \_\_\_\_\_

Tel: \_\_\_\_\_

3. How did you hear from us?

\_\_\_\_Advertisement

\_\_\_\_From Agency/School

\_\_\_\_Volunteer Central Florida

\_\_\_\_Website

\_\_\_\_From Client of Agency

\_\_\_\_Referred by Friend