LIGHTHOUSE for the Visually Impaired and Blind LVIB.org

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Brooksville, FL 34609
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pporter@lvib.org

VOLUNTEER APPLICATION

https://lvib.org/volunteer/

Please submit your completed application by email, fax, mail, or deliver it in person Monday to Thursday, 8 am to 4 pm. We will respond as soon as possible. A large print application is available upon request.

Name: _____ Phone: _____

Email Address: _____ Cell No.: _____

Home Address _____

City: _____ State: _____ Zip: _____

Social Security Number[1]: *Leave blank until you are interviewed*

Driver's License Number[2]: *Leave blank until you are interviewed*

Current Occupation/Employer: _____ Work No.: _____

How do you prefer to be contacted? _____

Date of birth (must be 18 years or older or have parental consent) _____

In Case of Emergency

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Education/Training/Skills

Highest Grade Completed: _____

Special Training/Skills: _____

List all Clerical and Computer Skills if any: _____

Interests/Hobbies: _____

Do you have experience working with people who are visually impaired or a connection to our organization? [ ] Yes [ ] No

If yes, please describe: _____

Do you know Braille? Grade 1 or 2? [ ] Grade 1 Braille [ ] Grade 2 Braille

Work Experience

Organization	Contact Name/Phone	Activity	Start & Finish Dates

[1] If you become a volunteer, you need to provide your SSN and produce a valid driver's license or identification card. You will also be asked to sign a statement of confidentiality, a media release, and provide emergency medical information.

[2] Drivers are asked to provide a valid driver's license, carry proof of insurance, complete a medical release form, and must be cleared for driving.

Previous Volunteer Experience

Organization	Contact Name/Phone	Activity	Start & Finish Dates

Volunteering at Lighthouse

Where did you hear about Lighthouse? _____

Reason for choosing volunteer work at Lighthouse[3]: _____

Which counties are you available to work in (choose Hernando, Pasco, Citrus or Virtual): _____

Desired hours per week: _____

In what areas are you able to volunteer your services at Lighthouse? (You may check more than one and list any special interests you may have):

[ ] Board Member
[ ] Cleaner
[ ] Clerical/Admin
[ ] Committee Member
[ ] Driver
[ ] Event Hand
[ ] Professional Writer
[ ] Gardener (NPR or Brooksville)
[ ] Other: _____

Volunteer Availability

Provide your availability in the table below. Lighthouse hours of operation are Monday to Thursday, 9 am to 4 pm. Most in-person volunteering is done within business hours. Virtual volunteering can be done at your convenience.

Time / Availability	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Night							

If you need to complete volunteer hours for school, etc., specify the start and finish dates and the total hours needed:

Start/Finish Dates: _____ Number of hours: _____

If you have a valid driver's license, are you able to assist with picking up donations? [ ] Yes [ ] No

Would you like to receive free program updates to stay up-to-date on activities at Lighthouse? [ ] Yes [ ] No

References:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

[3] If community service hours are mandated, be sure to fill out page 3 of this application.

Criminal Background Check:

HAVE YOU EVER BEEN CONVICTED OR HAD ADJUDICATION HELD IN A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION, OR ARE THERE ANY CRIMINAL CHARGES NOW PENDING AGAINST YOU?

[ ] Yes [ ] No

ARE YOU REQUIRED TO PERFORM COMMUNITY SERVICE HOURS AS A RESULT OF A CONVICTION?

[ ] Yes [ ] No

PLEASE IDENTIFY THE CRIME(S) COMMITTED:

_____

_____

_____

I HEREBY GIVE PERMISSION FOR THE RELEASE OF INFORMATION CONCERNING ANY CRIMINAL RECORDS TO LIGHTHOUSE FOR THE VISUALLY IMPAIRED AND BLIND BY THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT.

Signature	**If under 18, parental consent**	**Date**