



Volunteer Application

Last Name, First, Middle:			
Home Street Address, City, State, Zip Code:			
Business Street Address, City, State, Zip Code:			
Daytime Phone Number:		E-Mail Address:	
Experience: (Include both paid and volunteer work experience, beginning with most recent)			
Organization Name:		Address:	Phone:
From	To	Supervisor's Name/Title:	
Organization Name:		Address:	Phone:
From	To	Supervisor's Name/Title:	
Organization Name:		Address:	Phone:
From	To	Supervisor's Name/Title:	
Current License(s):			
Type	Number	State	Expiration Date
Type	Number	State	Expiration Date
Education and Training (begin with most recent):			
Institution Name:	City/State	Degree/Major	Date Attended
			From To
			From To
			From To
Fluent Language Skills (include sign language):			
Other skills, volunteer experience, etc.:			
Volunteer Opportunities: Check activities which interest you or best represent the skills you possess.			
<input type="checkbox"/> Clinic Patient Support - Indicate Preferred Clinic Location _____			
Sarasota Office: <input type="checkbox"/> Client Services <input type="checkbox"/> Projects <input type="checkbox"/> Administration/Clerical <input type="checkbox"/> Fundraising			

Return completed application to:
Florida Cancer Specialists Foundation
 5204 Paylor Lane, Sarasota, FL 34240
 941.677.7191; fax 941-362-2926

<http://Foundation.FLCancer.com> ; volunteerprogram@FLCancer.com

How did you hear about the Florida Cancer Specialists Foundation?

Have you ever been convicted of a crime (other than a routine traffic violation)? Yes No
Are you licensed to drive a motor vehicle in this state? Yes No
Have you ever been bonded? Yes No
If yes, has your bonding ever been revoked? Yes No

Do you consent to a criminal background check? Yes No

What is your availability to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you available after hours for special events: Yes No
Are you available for short term projects: Yes No
Are you available for long term projects: Yes No

References: Please list three work-related references.

Name:	Affiliation:	Phone:
1.	1.	1.
2.	2.	2.
3.	3.	3.

Please explain why you are interested in volunteering for the FCSF:

I do hereby give the Florida Cancer Specialists Foundation permission to inquire into my educational background, references, driving record, police records, employment, and/or volunteer history. I further give permission to the holder of any such records to release the same to the FCSF. I do hereby hold FCSF harmless from any liability, whether civil or criminal, that may arise as a result of the release of this information about me. I further hold harmless any individual, agency, business, or corporation that provides information or documents to FCSF. I understand that FCSF will use this information as part of its verification of my volunteer application and periodically for evaluation purposes. I understand that Florida Cancer Specialists is a drug-free and smoke-free workplace.

FOR THOSE SIGNING A HARD COPY:

Signature

Date

FOR THOSE SIGNING ELECTRONICALLY:

Electronic Signature: * Date: _____

Please type your first and last name

I understand that checking this box constitutes a legal signature confirming I acknowledge and agree to the above terms.

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Sure-Hire Inc. Background Search Release Authorization

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Driver License Number: _____ State: _____

Former, Prior, and Maiden Names (list all and dates of change):

_____ From: _____ To: _____

_____ From: _____ To: _____

Prior Addresses (list all from the past 10 years, including dates):

_____ From: _____ To: _____

_____ From: _____ To: _____

I understand that the services of **Sure-Hire Inc., 4025 Cattleman Rd. #161, Sarasota, FL. 34233**, will be used as part of the procedure for processing my background check.

I understand the **Sure-Hire** background check may include criminal, civil or traffic arrests or convictions covering a minimum of the last seven (7) years consistent with state law.

This consent will not affect my ability to question or dispute the accuracy of any information contained in my report. I understand if I disagree with the accuracy of any information in the report, I must notify the company within five business days of my receipt of the report. If I notify the Company within five business days of the receipt of the report that I am challenging information in the report, the Company will not make a final decision on my employment status until after I have had a reasonable opportunity to address the information contained in the report.

In order to verify my identity for purposes of this background report, I am voluntarily releasing my date of birth, social security, and other information for my own benefit and fully understand that all employment decisions are based on legitimate non-discriminatory reasons.

I hereby consent to this background check and authorize the Company to procure a consumer report / background check on me as stated above from a consumer reporting agency and /or investigative consumer reporting agency.

Signature

Printed Name

Date

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