



Attn: Volunteer Service League
6201 N. Suncoast Blvd., Crystal River, FL 34428

VOLUNTEER SERVICE LEAGUE APPLICATION

3/04

I. Last Name: (Mr. Mrs. Ms.) _____ First Name: _____ MI: _____
Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code)
Telephone Number: _____ SSN: _____ - _____ - _____ E-mail address: _____
Birthday: (Month) _____ (Day) _____ Seasonal Resident? [] Yes [] No
In Emergency, notify: _____ (Relationship) _____ Telephone: _____

* * * * *

II. Are you now, or have you been a volunteer in any other organization? [] Yes [] No
If so, where? _____ Telephone: _____
Are you employed? [] Yes [] No Name, Address, Tel No. of Employer _____
Name, Address, Tel No. of Previous Employer: _____

III. Please check those skills in which you have training, experience or special interest: Accounting _____ Art _____
Cashier _____ Computer _____ Crafts _____ Fundraising _____ Leadership _____ Merchandizing _____ Music _____ Public
Speaking _____ Sewing _____ Typing _____ Other _____

Languages spoken other than English _____ Would you be willing to serve as a translator? _____
How did you become aware of our Volunteer Service League? _____
What day(s) are you available? _____

IV. Please list two personal references not related to you and who have known you for five years:

Name: _____ Telephone: _____
Name: _____ Telephone: _____

* * * * *

V. PLEASE READ CAREFULLY

Please do not respond to the following questions until you have read and/or discussed the service guideline of the position you are requesting.

Do you believe you would be able to perform the essential functions of the position you are requesting?
Answer yes or no. Yes _____ No _____

Is there any accommodation that you believe can reasonably be made which would permit you to perform the essential functions of the position you are requesting? Answer yes or no. Yes _____ No _____

Please explain your answer: _____

I understand placement is contingent upon a satisfactory check of employment and/or volunteer and personal references and agree to have any of the statements checked by Seven Rivers Regional Medical Center unless I have indicated to the contrary.

Signature of Applicant: _____ Date: _____