

**South Florida Cares (SFC) and/or Single Volunteers of South Florida (SVSF)  
Volunteer Application Form**

THIS VOLUNTEER APPLICATION IS REQUIRED TO PARTICIPATE IN ACTIVITIES. YOU MAY MAIL THE COMPLETED APPLICATION AND \$15 TAX-DEDUCTIBLE DONATION TO "SOUTH FLORIDA CARES" PO BOX 97-0544 COCONUT CREEK, FL 33097-0544. IF YOU DON'T WISH TO MAKE A DONATION AT THIS TIME, YOU MAY BRING THIS APPLICATION, RECENT PHOTO AND PHOTO ID WITH YOU TO AN UPCOMING LEADERSHIP/OPEN MEETING.

This information will be used for the purpose of identifying volunteers and will not be made available to others.

Your contact email address: PLEASE PRINT CLEARLY \_\_\_\_\_  
Please note, email addresses that sound offensive will be rejected at the sole discretion of the Board.

Your first name: \_\_\_\_\_ Last name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ FL Zip: \_\_\_\_\_

Residence:  Miami-Dade  Broward  Palm Beach Gender:  Male  Female  
Your marital status:  Single  Separated  Divorced  Married  Widowed

What is your main goal in joining  SFC  SVSF? \_\_\_\_\_

Please note, individuals who are single or separated will be added to the SVSF (Single Volunteers of South Florida) database; individuals who are married will be added to the SFC (South Florida Cares) volunteer database.

Your age range:  under 21  21-30  31-40  41-50  51-60  61+  
Age range for socials:  under 21  21-30  31-40  41-50  51-60  61+

Please note that you must be at least 21 years of age in order to volunteer with SVSF. Children under 21 and families may volunteer with SFC. Age ranges may be used for planning purposes.

Your employer name: \_\_\_\_\_ Employer telephone: (\_\_\_\_) \_\_\_\_\_  
Your employer address: \_\_\_\_\_

Please list an emergency contact:  
Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Volunteer history:  
1) Agency/contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ dates: \_\_\_\_\_  
2) Agency/contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ dates: \_\_\_\_\_

Name 4 charities / causes / social issues that you have an interest in:  
1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

Your volunteer interests with SVSF / SFC:

<input type="checkbox"/> Board Member	<input type="checkbox"/> PR/Marketing	<input type="checkbox"/> Event Leader	<input type="checkbox"/> Event Leader	<input type="checkbox"/> Event Leader
<input type="checkbox"/> Administrative	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Volunteer
<input type="checkbox"/> Web/Technical	<input type="checkbox"/> Socials Planning	<input type="checkbox"/> Attend socials	<input type="checkbox"/> Attend socials	<input type="checkbox"/> Attend socials

I have read, and agree to, the SFC/SVSF volunteer agreement.

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

FOR MAILED-IN APPLICATIONS:

- I have attached a recent photo of myself to this application for identification purposes.
- I have included a minimum tax-deductible donation of \$15 made out to "South Florida Cares"