



Volunteer Information Form

Date: _____

Full Legal Name: _____ Preferred Name: _____

Employment Status (circle one):

Student

Employed

Retired

How often would you like to volunteer? (check all that apply)

Special Events Weekly Biweekly Monthly

What are your areas of interest for volunteering? (check all that apply)

- Cooking/Serving Meals
- Cleaning Facility
- Maintaining Shed
- General Maintenance
- Office Work
- Other: _____

When are you available to volunteer? (please check all that apply & provide what times you will be available)

- Monday, available _____
- Tuesday, available _____
- Wednesday, available _____
- Thursday, available _____
- Friday, available _____
- Saturday, available _____
- Sunday, available _____

As a volunteer, you are a valuable member of our team and are expected to act as a representative of our organization to the community and our clients. We ask that you read the following expectations, requirements, and commitments and sign below to indicate your understanding and acceptance.

As a volunteer you are expected to:

1. Perform your service to the best of your ability with the organization's purpose of serving the disadvantaged people of Seminole County.
2. Follow through on your commitments and advise your staff contact if you are unable to work as scheduled.
3. Perform your service in a courteous, friendly, and cooperative manner, free of any harassment, discrimination, or unprofessional conduct.
4. Respect the cultural, religious, and political views of all clients and staff members.
5. Limit your activities at the Mission to those agreed upon in advance with the Volunteer Coordinator and/or your primary Department Directors/Manager contact.

Volunteer Signature: _____ Date: _____

Volunteer Name: _____

****Please send all completed forms to Info@romcfl.org along with contact information. A member of our team will contact you.****