



## VOLUNTEER APPLICATION

BAYS Florida ("BAYS") considers all applicants for volunteering without regard to race, color, religion, sex, sexual orientation, national origin, age, handicap or disability, or status as a Vietnam-era or special-disabled veteran in accordance with federal law.

### Contact Information

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
Last Name \_\_\_\_\_ Suffix \_\_\_\_\_  
Address Line 1 \_\_\_\_\_ E-mail \_\_\_\_\_  
Address Line 2 \_\_\_\_\_ City \_\_\_\_\_  
Country \_\_\_\_\_ State/Province \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Secondary Phone \_\_\_\_\_

### General Information

Are you 18 years of age or older?  Yes  No

Have you ever plead guilty or no contest or been convicted or found guilty of a felony or misdemeanor regardless of adjudication of guilt?  Yes  No

If yes, explain conviction; exclude any sealed or expunged convictions and any arrests for which you were not convicted.

Note: A criminal conviction is not an automatic disqualification for all jobs, but it may affect your suitability for some positions.

Have you ever been employed by BAYS?  Yes  No

If yes, location? \_\_\_\_\_ From Date \_\_\_\_\_ To Date \_\_\_\_\_

Do you have relatives employed by BAYS?  Yes  No

If yes, please give their name(s). \_\_\_\_\_

### Work Experience

#### Most Recent/Current Employer

Employer \_\_\_\_\_ Type of Business \_\_\_\_\_  
Phone \_\_\_\_\_ Address \_\_\_\_\_  
Country \_\_\_\_\_ State \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Employed From \_\_\_\_\_ Employed To \_\_\_\_\_  
Position/Title \_\_\_\_\_ Description of Duties \_\_\_\_\_

Are you presently employed by this company? Yes No

Education BAYS will require transcripts for some volunteer positions

**Colleges/Universities/Technical Schools**

|  |  |
|--|--|
| School Type _____                          | Name of School _____   |
| Country _____                              | State/Province _____   |
| City _____                                 | Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Highest Level of Education Completed _____ | Date Degree was received _____   |
| Major _____                                | Second Major/Minor _____   |
| Date Attended From _____                   | Date Attended To _____   |

How did you hear about BAYS? \_\_\_\_\_

What expertise do you have to assist BAYS in serving kids and families? \_\_\_\_\_

\_\_\_\_\_

**\*\*\*Thank you for joining the BAYS family. We look forward to a long lasting relationship with you and your expertise in helping BAYS “Inspire Change”!**