



Volunteer/Intern Application

Thank you for your interest in volunteering at Lighthouse of Pinellas. Our facility and offices are open Monday through Friday, 8:00am – 4:30pm; we have limited evening and weekend opportunities.

Please complete this application and return to Anna Cottos at acottos@lhpfl.org, by fax: 727.544.5511, or mail: Lighthouse of Pinellas, 6925 112th Circle North, Suite 103, Largo, FL 33773

Date of Application: _____ Birthday: (year optional) _____

Name: _____

Street Address / PO Box: _____

City/State/ZIP: _____

Telephone: Home/Work () Cell ()

Email : _____

If related to anyone who works for Lighthouse of Pinellas or is a member of the Board of Directors, please provide name and relationship: _____

Driver license number and state: _____

Employment Status: Employed ☐ Part Time ☐ Full Time ☐ Not Employed ☐ Student ☐ Retired

Highest Level of Education / Degrees, if any: _____

Previous volunteer experience (not limited to work with visually impaired): _____

Previous work experience: _____

Hobbies and/or interests: _____

Can you operate any of the following? (Check all that apply)

☐ Keyboard (words per minute)

☐ Copier / FAX /Scanner

☐ Multi-line telephone switchboard

☐ Camera and/or video camera

☐ Braille-writer

☐ Other:

☐ Computer (list programs you are proficient with):

Why would you like to volunteer at Lighthouse of Pinellas?

How much time would you like to donate per week?

Availability:	Morning	Afternoon	Evening	Additional comments
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
(Saturday)				
(Sunday)				

If you are a part-time resident, please list the months you are available for work:

Please indicate what type of volunteer work interests you; please use "Other" for interests not shown:

<input type="checkbox"/> Client ambassador: help clients in/out of cab, collect cab fare, track client arrivals and departures	<input type="checkbox"/> Special Events: registration table, set up, greeter, etc.	<input type="checkbox"/> Administrative/clerical work: filing, mailings, nametags, data entry, event preparation, etc.
<input type="checkbox"/> Teach a class/workshop: for adults	<input type="checkbox"/> Lunch time monitor: assist clients during lunch	<input type="checkbox"/> Painting/facilities/handy work: work with staff on projects
<input type="checkbox"/> Classroom assistant: class setting - assistance to instructor	<input type="checkbox"/> Outdoor/landscaping: mulching, sweeping, etc.	<input type="checkbox"/> Development/fundraising: solicit donations for events
<input type="checkbox"/> Outreach – health fairs, etc.: assist staff at community events	<input type="checkbox"/> Advisory board member: provide expertise	<input type="checkbox"/> Career Day: present your job, field, and education for teens

☐ Other interests (or details on above selection)

Are you fluent in any other languages? If yes, please list. _____

Optional: If you have any health conditions, or if you take medications on a daily basis, it is helpful for us to know that in case you require assistance while you are onsite.

Is there anything else you would like to share with us?

Emergency contact name and relationship: _____

Emergency contact phone(s): _____

References (Please list at least three, including name and phone)

1. _____

2. _____

3. _____

Have you ever been convicted of any offense other than routine traffic violations (e.g. parking or speeding tickets)?

☐ Yes If yes, explain below ☐ No

Are you currently on parole or probation?

☐ Yes ☐ No

Are you currently under a judge's order to perform community service?

☐ Yes ☐ No

Are you willing to undergo a required Level II background check?

☐ Yes ☐ No

APPLICATION CERTIFICATION

I hereby certify that all the facts and information listed on this volunteer application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete or misleading information discovered on this application or provided in the utilization process which is discovered at any time after I am utilized may result in having to leave Lighthouse of Pinellas' volunteer program opportunity.

I hereby authorize lighthouse of Pinellas (hereinafter referred to as LHP) to investigate all statements contained in this application and to interview the references listed in this application. I authorize the references to give LHP all facts, opinions and evaluations concerning my current employment and any other information they may have, personal or otherwise, and release all such parties from any liability which may allegedly arise from furnishing information to LHP, including, but not limited to, any liability for defamation or invasion of privacy.

If I am accepted into the volunteer program, I understand that such acceptance will be conditioned upon satisfactory results of the background check, if applicable.

I certify that I have read, understand and agree with the above

Signature: _____

Date: _____

Lighthouse of Pinellas use only:

Date: _____

Verified by: _____

Comments: _____