

Volunteer Application

Legal Aid Society of the Orange County Bar Association, Inc.

100 E. Robinson St.

Orlando, FL 32801

Telephone: (407) 841-8310 x3149 Fax: (407) 843-9713

Name: _____
Last First Middle Maiden

Address: _____

City: _____ Zip Code: _____ County: _____

Phone: Home (____) _____ Work (____) _____ Other (____) _____

E-mail Address: _____

SSN: _____ Drivers License #: _____ Exp. ____/____/____

Gender: M F Marital Status: Single Married Divorced Widowed

Date of Birth: _____ Place of Birth: _____

Please list the people (including children) residing in your household:

Name	Date of Birth	Sex	Relationship

What languages do you speak other than English? _____

Do you drive and have a vehicle available to you? Yes No

Do you have a current car insurance policy? Yes No

What type of car do you drive?

Year _____ Make _____ Model _____

What is your tag number? _____

Have you had any traffic violations within the last three years? Yes No

Have you ever been arrested? Yes No If yes, explain: _____

What name were you arrested under? _____

Dates of arrest: _____ Where? _____

Have you been convicted of a crime? Yes No If yes, explain: _____

Dates of convictions: _____ Where? _____

A prior conviction will not necessarily exclude you from serving as a Volunteer

EDUCATION:

High School _____ College _____ Graduate _____ (Specify the number of years completed.

Are you currently attending school? Yes No If yes, where? _____

VOLUNTEER EXPERIENCE:

Have you ever been a Volunteer? Yes No If yes, please answer the following:

For what agency? _____ For how long? _____

Are you presently at any other agency? Yes No If yes, please answer the following:

For what agency? _____ For how long? _____

EMPLOYMENT:

Are you currently employed? Yes No Where? _____

What is your position? _____

PERSONAL REFERENCES: (Please list two, including at least one non-relative.)

1. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

2. Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

EMERGENCY CONTACT(s):

Name	Address	Phone Number	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

EMERGENCY MEDICAL INFORMATION:

Please list allergies, medication, etc.: _____

How did you learn of Legal Aid Society Volunteer Program? _____

Please state briefly the reasons why you are interested in serving as a Volunteer at the Legal Aid Society:

How much time per week will you be able to contribute? _____

Which days are you available?

- Monday Tuesday Wednesday Thursday

Times: _____ _____ _____ _____

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the Legal Aid Society of the Orange County Bar Association to conduct an investigation of my background including verifying my current employment and contacting my references.

With this release I further understand that the Legal Aid Society of the Orange County Bar Association will run a background check and will obtain an investigative consumer report. The agency preparing the report will be:

ChoicePoint Services, Inc.
1000 Alderman Drive
Alpharetta, Georgia 30005

I understand that the report may include information regarding credit standing and character. This report may be compiled with information from credit bureaus, court records, Department of Motor Vehicles and any other source required to verify information I have voluntarily supplied.

This release is executed by me with the full knowledge and understanding that the information to be obtained about me is for official use by the Legal Aid Society of the Orange County Bar Association, Inc.

Print Full Name: _____

Signature: _____

Address: _____

Gender: _____ Date of Birth: _____ SSN: _____