

Volunteer Profile Form

Name: _____ D.O.B. ____/____/____
Last First Middle

Address: _____
Street or P.O. Box Apt. # City State Zip

Phone: _____ Work: _____ Cell: _____

Times of year normally available: _____

Times of day available: Morning Afternoon Evening

Do any of your friends or relatives work at SJR State? yes no

If yes, please list their name(s): _____

Education: Less than a high school diploma High School Diploma
Vocational Certificate Area of Study: _____
A.S. or A.A. Degree Area of Study: _____
Bachelor's Degree Area of Study: _____
Master's Degree Area of Study: _____
Doctorate Degree Area of Study: _____

If you are currently certified or licensed, please provide the following data:

Field: _____ Governing body: _____ Exp. Date: _____

Field: _____ Governing body: _____ Exp. Date: _____

Languages in which you can effectively communicate: _____

Experience:

Typing Word Processing/keyboarding Telephone Service Receptionist
Library Media Services Business Office Learning Labs

Additional Information: _____

References:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Have you ever been convicted of a felony or first degree misdemeanor? yes no

If yes, what charges? _____

Have you ever pleaded "nolo contendere" to a felony or first degree misdemeanor, but had adjudication of guilt withheld by the court? yes no

If yes, to what charges? _____ When? _____

Why do you wish to volunteer services to SJR State? _____



Volunteer Application

I wish to contribute the voluntary services indicated below as an expression of my desire to assist St. Johns River State College in the manner indicated. I understand that there is to be no compensation or tangible benefit to me for the rendering of the services indicated; and, I agree to hold the College harmless from any liabilities related to the voluntary services I am rendering. **I also agree to undergo fingerprinting and a background check.**

Voluntary service dates: _____ through _____

Description of services:

Volunteer Name (please print) _____ Date _____

Volunteer Signature _____ Date _____

Recommended: _____
Dean/Director/ VP _____ Date _____

Reviewed: _____
Director of Human Recourses _____ Date _____

Approved
 Disapproved _____
President _____ Date _____

NON-DISCRIMINATION STATEMENT -St. Johns River State College does not discriminate against any person in its programs, activities, policies or procedures on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, sex, pregnancy, sexual orientation, gender identity, genetic information, disability, or veteran status. All questions or inquiries regarding compliance with laws relating to non-discrimination and all complaints regarding sexual misconduct or discrimination, may be directed to the Title IX Coordinator/Equity Officer, St. Johns River State College, 5001 St. Johns Avenue, Palatka, Florida, 32177; 386-312-4070.