THE PATH
Federal Employer I.D. #-59-3111520
Dept. of Agriculture/Consumer Services #-SC11383
PO BOX 3024, Inverness Fl. , 34451
Client Administration: 21 S. Melbourne, Beverly Hills, Fl. 34465
(352) 527-6500 \ fax: (352) 746-6746 \ www.pathofcitrus.org

POSITION APPLIED FOR: _____

DATE APPLIED: _____

Volunteer Application

Please fill out all the information

NAME: _____ START DATE: _____

ADDRESS: _____ DAY PH: _____

CITY, ZIP: _____ EVENING PH: _____

CHURCH AFFILIATION: _____ Attended for how long? _____

EMAIL ADDRESS: _____ D.O.B. (mm/dd)_____

How did you hear about The Path? _____

Are you age 18 or older? YES NO

Do you have a valid driver's license, and legally able to operate a vehicle in Florida? YES NO

Do you have any special certifications? Please list: _____

When are you available? *(Circle any that apply)*

Days: M Tu W Th F Sat Sun Hours: _____

Evenings: M Tu W Th F Sat Sun Hours: _____

Please list three references (at least one should be a business associate/church pastor)**:**

Name:_____ **PH#:** _____

Name:_____ **PH#:** _____

Name:_____ **PH#:** _____

List areas of interest or special skills:

_____

_____

_____

_____

I understand that accepting a volunteer position with The Path is no guarantee of employment.

Signature: _____ **Date:** _____

NOTES (for office use only)

Approved: Y / N

Date: _____



CONSENT TO BACKGROUND CHECK

I hereby allow THE PATH OF CITRUS CO. INC. to perform background checks if needed for employment/volunteering:

- Ministry Mobilizer Check, Driving Record, Sexual Predator records, Employment History, Personal References

I understand that I do not have to agree to this background check, but that refusal may exclude me from consideration as a PATH employee/volunteer. This information is of a confidential nature, and, as such, will not be shared with other personnel except for those involved in this specific employee/volunteer position. I also understand that all information will be kept confidential. By signing my name, I consent to the terms:

Your signature: _____

Date: _____

Path Representative: _____

Date: _____