



7700 Southland Blvd Suite 100, Orlando, FL 32809

Phone: 407-841-6607 – Fax: 407-809-5595

[www.elcoc.org](http://www.elcoc.org)

## Volunteer Application

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)

Phone: (Cell): \_\_\_\_\_ (Home): \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_

School/Class: \_\_\_\_\_ Hours Needed: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Program(s) of Interest

- Preschool Ambassadors       Book Buddies       Special Events

Volunteer Positions

- Ready Reader       Early Literacy Liaison       VPK Outreach Rep       Book Buddy       Event Volunteer

Availability

Days and times **available** to volunteer:

Best time to be in an early childhood program for Ready Reader is 9-11:30am or 3:30-5pm.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (8-12pm)						
Afternoon (1-5pm)						

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Prior Volunteer Work/Experiences:

\_\_\_\_\_  
\_\_\_\_\_



7700 Southland Blvd Suite 100, Orlando, FL 32809

Phone: 407-841-6607 – Fax: 407-809-5595

[www.elcoc.org](http://www.elcoc.org)

Talents, Languages, Skills and/or Hobbies:

---

---

---

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?

No  Yes.

If yes, please explain.

---

---

Have you ever been convicted of a crime relating to child abuse (sexual, physical or emotional) or neglect?  No  Yes

If yes, please explain.

---

---

The information provided in this application for volunteerism is true, correct and complete. If selected, any misstatement or omission of fact on this application may result in my release from volunteer services.

I understand that should my classroom volunteer hours exceed 10 hours per month, excluding students completing course requirements, I will be required to adhere to required background screening, including but not limited to, local criminal records check, FDLE/FBI fingerprint screening, and Florida Abuse Registry screening. I would be responsible for covering the fees associated with the screening.

Volunteer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return original completed signed application to:

**Jerry Brady**  
**Volunteer Coordinator**  
7700 Southland Blvd., Suite 100  
Orlando, FL 32809

For questions please contact:

**Jerry Brady**, *Volunteer Coordinator for ELCOC*  
Phone: (407) 506-4806  
Fax: (407) 809-5595  
Email: [jbrady@elcoc.org](mailto:jbrady@elcoc.org)

<b>OFFICE USE ONLY</b>
Cleared to volunteer starting _____