



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: \_\_\_\_\_  
(Preferred First) (Last)

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Parent or Guardian Email (if under 18 years of age): \_\_\_\_\_

Employer or School: \_\_\_\_\_

How did you hear about us?: \_\_\_\_\_

Hours Needed: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Emergency Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Program(s) of Interest:

(All individuals interested in volunteering as a Family Literacy Liaison or Ready Reader must be 18 years of age or older.)

- Book Buddy                       Baby Institute                       Family Literacy Initiative
- Food or Book Drive                       Ready Reader                       Special Events

### Your availability:

Please list all of the time slots that you are free on a weekly basis. (The best time to read in a child care provider is typically between 9:30am and 10:30am Monday-Thursday.)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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



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Prior volunteer work/experiences:

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Languages, skills and/or hobbies that would be of value to our volunteer programs:

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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.

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

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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 a required background screening. This includes but is not limited to a local criminal records check, an FDLE/FBI fingerprint screening, or a Florida Abuse Registry screening. I would be responsible for covering the fees associated with the screening.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if volunteer is under 18 years of age)

\_\_\_\_\_  
Date

Please return your completed application to:

**Address:**

Early Learning Coalition of Orange County  
Attention: Volunteer Application  
7700 Southland Blvd., Suite 100  
Orlando, FL 32809

**Email:** [volunteer@elcoc.org](mailto:volunteer@elcoc.org)

**Fax:** (407) 809-5595

**Phone:** (407) 377-1218

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