



7700 Southland Blvd Suite 100, Orlando, FL 32809

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

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:

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

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 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

Fax: (407) 809-5595

Phone: (407) 377-1218

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