



Volunteer Application

We appreciate you taking the time to fill out this application. The information you provide will assist us in placing you in an appropriate volunteer opportunity that will match your skills and interests.

PLEASE PRINT CLEARLY. Thank you.

General Information

Name: _____ Date of Birth _____

Mailing Address: _____

Telephone: Home - _____ Best time to call: _____

Work - _____ Best time to call: _____

Cell - _____ E-mail: _____

Current employer: _____

Name of school if currently enrolled: _____

Previous volunteer experience: _____

How did you become interested in First Coast Crime Stoppers and what prompted you to become involved as a volunteer?

When are you available to volunteer (weekdays, weekends, mornings, afternoons, evenings)?
Please be as specific as possible.

By completing this application and signing below, I agree for First Coast Crime Stoppers to conduct a local background check.

Signature

Date

**Once you have completed this form, please fax to (904) 398-5881
or mail to P.O. Box 47875, Jacksonville, FL 32247.**

When your application is approved, we will contact you regarding training and volunteer opportunities.

Skills and Abilities

Please indicate which skills and abilities you would be interested in sharing with us.

- Advertising
- Community Booth Displays
- Computer skills
- Data entry
- Mail-outs
- Phone-outs
- Publishing, newsletters, posters, etc.
- Selling raffle / event tickets
- Soliciting sponsors / in-kind donations
- Special events: managing
- Special Events: set-up & tear-down
- Special Events: operation
- Training other volunteers
- Volunteer recruitment

Other (please specify): _____
