



# VOLUNTEER APPLICATION

601 SW 8<sup>th</sup> Avenue, Miami, FL 33130  
 Phone (305) 856-2288 Fax (305) 285-6967  
 www.miamilighthouse.org

The Miami Lighthouse for the Blind and Visually Impaired, Inc. will consider all applicants equally without regard to their race, sex, age, color, religion, national origin, disability or for any other reason protected by federal, state or local laws.

Date: \_\_\_\_\_

PERSONAL INFORMATION		
First Name	Last Name	
Street Address	City, State, and Zip Code	
Phone	Alternate Phone	
Email Address	How did you hear about Miami Lighthouse?	
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If No, signature of parent or guardian is required</i>		
Do you have friends or relatives currently volunteering or working at Miami Lighthouse? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, Please specify name(s)</i>		
SKILLS AND EXPERIENCE		
Volunteer Experience <i>(List current or previous volunteer activities you have been involved with):</i>		
Name of Organization	Dates	Duties
Have you ever worked with blind or visually impaired people? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please specify</i>	Do you speak a foreign language? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please specify</i>	
List skills, trainings, hobbies:		

Education ( <i>highest degree completed</i> )	Name of School/College
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Work Experience (*List your last three employers starting with the most recent*)

1. Employer	Position/Title
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Describe Job Duties

2. Employer	Position/Title
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Describe Job Duties

3. Employer	Position/Title
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Describe Job Duties

## INTERESTS

Why are you interested in volunteering at Miami Lighthouse? (*If you are required to complete community service hours please provide reason (i.e. school, court) and number of hours*)

What organizations are you, or have you been, a member of?

Volunteer Opportunities  
*Please select all that apply to your interests*

<p><b><u>Administrative Services</u></b></p> <p><input type="checkbox"/> Data Entry</p> <p><input type="checkbox"/> Filing</p> <p><input type="checkbox"/> Telephone Coverage</p>	<p><b><u>Development</u></b></p> <p><input type="checkbox"/> Fundraising</p> <p><input type="checkbox"/> Public Relations</p> <p><input type="checkbox"/> Special Events</p>
<p><b><u>Adult Services</u></b></p> <p><input type="checkbox"/> Reading to Clients</p> <p><input type="checkbox"/> Arts and Crafts</p> <p><input type="checkbox"/> Computer Training</p> <p><input type="checkbox"/> Explorer Guide</p> <p><input type="checkbox"/> Solutions Store</p> <p><input type="checkbox"/> Music</p> <p><input type="checkbox"/> Field Trips</p>	<p><b><u>Children's Services</u></b></p> <p><input type="checkbox"/> Summer Program</p>
	<p><b><u>Facilities</u></b></p> <p><input type="checkbox"/> Housekeeping</p> <p><input type="checkbox"/> Building Maintenance</p> <p><input type="checkbox"/> Serving Lunch to Clients</p>

## AVAILABILITY

Indicate the day(s) of the week and hours you are available to volunteer:

<input type="checkbox"/> Monday	Hours:	<input type="checkbox"/> Thursday	Hours:
<input type="checkbox"/> Tuesday	Hours:	<input type="checkbox"/> Friday	Hours:
<input type="checkbox"/> Wednesday	Hours:	<input type="checkbox"/> Weekends	Hours:

Specify for how long you can commit to volunteer (*days, weeks, months, years*):

### REFERENCES AND BACKGROUND

Please provide three references whom we may contact (other than relatives):

Name	Phone	Relationship to You
1.		
2.		
3.		

Have you ever been convicted of a crime?  Yes  No *If Yes, please explain (Note: Conviction of a crime is not necessarily a disqualification for volunteer work)*

### ACKNOWLEDGEMENT & AUTHORIZATION

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of these statements checked by Miami Lighthouse or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer or, if accepted as a volunteer, my immediate termination.

I understand that the information in this application is solely for the purpose of considering me for volunteer services and not a commitment or promise of a volunteer opportunity or employment with Miami Lighthouse.

I agree, if accepted as a volunteer, to abide by all rules, policies and procedures of Miami Lighthouse for the Blind.

I understand that if I am selected to join the Miami Lighthouse as a volunteer and depending upon on the nature and responsibilities of the volunteer assignment, Miami Lighthouse may deem necessary to conduct a background investigation, including a national fingerprint based check. I understand that my failure to refuse to undergo this background check, if required, will result in me not being further considered for volunteer services. Miami Lighthouse reserves the right to make the sole determination concerning the information or any volunteer services decision arising out of the background check.

I have read and understand the above and by my signature consent to these statements.

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**For applicants under 18 years of age:**

**Parent/Guardian Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Thank you for your interest in becoming a volunteer at Miami Lighthouse.**