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## VOLUNTEER APPLICATION FORM (APLICACION PARA VOLUNTARIOS)

Seniors in Service does not discriminate against employees, volunteers, or in the operation of its programs on the basis of race, color, national origin, sexual orientation, including limited English proficiency, sex, age, political affiliation, religion, or on the basis of disability.  
(Seniors in Service no discrimina contra empleados, voluntarios o en operaciones de los programas basados en raza, color, nacionalidad, limitación en el idioma Inglés, sexo, edad, afiliación política o discapacidad).

**Check Program (Marque):**  Senior Companions (Compañeros Mayores)  Foster Grandparents (Abuelos Adoptivos)  
 Bill Payer Program (Control de Facturas)

**First Name** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
(Nombre) (Apellido)

**Address** \_\_\_\_\_ **Apt./Lot** \_\_\_\_\_  
(Dirección) (Número Apartamento)

**Apartment Complex (if applicable)** \_\_\_\_\_  
(Nombre del Complejo de Apartamentos)

**City** \_\_\_\_\_ **State** FL **Zip Code** \_\_\_\_\_ **Male / Female (circle)**  
(Ciudad) (Estado) (Zona Postal) (Hombre/Mujer) (Circule)

**Home Phone:** ( ) \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_  
(Teléfono de la Casa) (Celular)

**Email address:** \_\_\_\_\_  
(Correo electrónico)

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Current Age** \_\_\_\_\_  
(Número de Seguro Social) (Fecha de Nacimiento) (Edad)

**Marital Status:**  Single (Soltero)  Married (Casado)  Widowed (Viudo)  Divorced (Divorciado)

**Transportation Type (check):** (Transporte)  Auto (Auto)  Bus (Guagua)  Driven (Transportado)  Walk (Caminar)

**Years of Education Completed** \_\_\_\_\_ **Degree Held** \_\_\_\_\_  
(Años de Educación Completada) (Grado Especializado)

**What is your monthly income?** \$ \_\_\_\_\_  
¿Cuánto es su ingreso mensual? (Include yourself, your spouse, and income from any dependents).  
(Incluya ingreso para usted, esposo(a), o de cualquier dependiente).

**How many people living in your household are dependent on this income?** \_\_\_\_\_  
¿Cuántas personas viven en la casa dependientes de este ingreso?

**Do you have any out-of-pocket medical expenses (Circle)** Yes (Si) No (No)  
(Tiene usted gastos médicos de su bolsillo?)

**All Languages Spoken:** (Idiomas hablados) \_\_\_\_\_ **See Reverse (Otro Lado)**

**Previous Occupations:** (Ocupaciones Previas) \_\_\_\_\_

**Hobbies, Special skills:** (Pasatiempos, Habilidades) \_\_\_\_\_

**Previous Volunteer Experience:** (Experiencia previa como voluntario) \_\_\_\_\_

**Physical Condition (check):**  Good (Buena)  Fair (Regular)  Poor (Pobre) **Do you smoke?** (Fuma) Yes / No (Si /No)

**Have you, your spouse or other family member ever served in the military: specify branch/when** Ha servido usted, su esposo(a) o familiar en el servicio militar: Especifique en que rama/cuando

**Character References (not a relative)** (Referencias) (No familiar):

Name \_\_\_\_\_ Address: \_\_\_\_\_  
(Nombre) (Dirección)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
(Ciudad) (Estado) (Zona Postal) (Teléfono)

Name \_\_\_\_\_ Address: \_\_\_\_\_  
(Nombre) (Dirección)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
(Ciudad) (Estado) (Zona Postal) (Teléfono)

**Can you serve 20 or more hours a week?** (¿Puede usted servir 20+ horas a la semana?)  Yes  No

**How did you know about our programs or who referral you to us?** ¿Cómo supo usted de nuestros programas o quien lo refirió a nosotros?

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

SENIORS IN SERVICE OF TAMPA BAY, INC. COLLECTS YOUR SOCIAL SECURITY NUMBER FOR IDENTIFICATION AND VERIFICATION PURPOSES. SOCIAL SECURITY NUMBERS ARE ALSO USED AS A UNIQUE NUMERIC IDENTIFIER AND MAY BE USED FOR SEARCH PURPOSES. (All SIS volunteers are asked to provide copies of their driver's license, auto insurance information, and social security card. A Doctor must complete a physical attesting to ability to perform volunteer assignments. A driving record, criminal history and sexual offender check will be completed on every applicant. Selection into the program is contingent upon Seniors In Service review of your criminal history. You will be provided opportunity to challenge the factual accuracy of the result before any action to exclude you from the position is made. Your signature indicates permission for Seniors In Service to do a preliminary background screening upon receipt of your application.)

(SENIORS IN SERVICE OF TAMPA BAY INC. COLLECTA SU NUMERO DE SEGURO SOCIAL PARA PROPOSITO DE IDENTIFICACION Y VERIFICACION SOLAMENTE. NUMERO DE SEGURO SOCIAL ES USADO COMO NUMERO DE IDENTIDAD UNICA PARA PROPOSITO DE BUSQUEDA). (A todos los voluntarios de SIS se les requiere proveer copia de licencia de manejo, seguro de auto y tarjeta de seguro social. Un médico debe llenar una forma de salud física que atestigüe la habilidad para desempeñar asignaciones voluntarias. Un chequeo de historial de manejo, historial criminal y ofensas sexuales será completado en cada aplicante).

Official registration and financial information may be obtained from the Division of Consumer Service by calling 1-800-435-7352. Please refer to number SC-02047

