Volunteer Profile Form

Name: ____________________________  D.O.B  ____/_____/_____

   Last     First     Middle

Address: _______________________________________________________

   Street or P.O. Box   Apt. #   City   State   Zip

Home phone: ___________  Cell: ___________  E-mail address: ___________

Times of day available: □ Morning   □ Afternoon   □ Evening

Times of year normally available: _________________________________

Do any of your friends or relatives work at SJR State? □ yes  □ no

If yes, please list their name(s): _________________________________

Education:

□ Less than a high school diploma  □ High School Diploma
□ Vocational Certificate  □ Area of Study: _________________________
□ A.S. or A.A. Degree  □ Area of Study: _________________________
□ Bachelor’s Degree  □ Area of Study: _________________________
□ Master’s Degree  □ Area of Study: _________________________
□ Doctorate Degree  □ Area of Study: _________________________

If you are currently certified or licensed, please provide the following data:

Field: ___________  Governing body: ___________  Exp. Date: ___________

Field: ___________  Governing body: ___________  Exp. Date: ___________

Languages in which you can effectively communicate: ___________________

Experience:

□ Typing  □ Word Processing/keyboarding  □ Telephone Service
□ Receptionist  □ Library  □ Media Services  □ Business Office
□ Learning Labs

Additional Information: _____________________________________________

References:

Name: ____________________________  Relationship: ___________  Phone: ___________

Name: ____________________________  Relationship: ___________  Phone: ___________

Name: ____________________________  Relationship: ___________  Phone: ___________

Have you ever been convicted of a felony or first degree misdemeanor? □ yes  □ no

If yes, what charges? _____________________________________________

Have you ever pleaded “nolo contendere” to a felony or first degree misdemeanor, but had adjudication of guilt withheld by the court? □ yes  □ no

If yes, to what charges? _________________________________________  When? ___________

Why do you wish to volunteer services to SJR State? _____________________________

______________________________________________________________

Revised 09/2020
Volunteer Application

I wish to contribute the voluntary services indicated below as an expression of my desire to assist St. Johns River State College in the manner indicated. I understand that there is to be no compensation or tangible benefit to me for the rendering of the services indicated; and, I agree to hold the College harmless from any liabilities related to the voluntary services I am rendering. I also agree to undergo fingerprinting and a background check.

Voluntary service dates: __________ through __________

Description of services:

Volunteer Name (please print) Date

Volunteer Signature Date

Recommended:

Dean/Director/ VP Date

Reviewed:

Director of Human Resources Date

☐ Approved
☐ Disapproved

President Date

NON-DISCRIMINATION STATEMENT - St. Johns River State College does not discriminate against any person in its programs, activities, policies or procedures on the basis of race, ethnicity, color, national origin, marital status, religion, age, gender, sex, pregnancy, sexual orientation, gender identity, genetic information, disability, or veteran status. All questions or inquiries regarding compliance with laws relating to non-discrimination and all complaints regarding sexual misconduct or discrimination, may be directed to the Title IX Coordinator/Equity Officer, St. Johns River State College, 5001 St. Johns Avenue, Palatka, Florida, 32177; 386-312-4070.

5001 St. Johns Avenue, Palatka, FL 32177
(386) 312-4070
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