



**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? \_\_\_\_\_



**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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