



VOLUNTEER APPLICATION

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

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, veteran status 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	
Home Phone	Cell Phone
Work Phone	Email Address
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>	How did you hear about Miami Lighthouse?
Have you ever volunteered with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, please give date(s):</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>

EMERGENCY CONTACT

Name	Relationship to you
Phone	Other (specify)

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.)*

VOLUNTEER OPPORTUNITIES *(Check all that apply)*

- | | |
|---|---|
| <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Music Program |
| <input type="checkbox"/> Arts and Crafts | <input type="checkbox"/> Serving Lunch to Clients |
| <input type="checkbox"/> Summer Program | <input type="checkbox"/> Solutions Store (Low Vision Store) |
| <input type="checkbox"/> Computer Training | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Telephone Coverage |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Vision Screenings |

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 (i.e. day(s), week(s), month(s), year)

SKILLS AND EXPERIENCE

VOLUNTEER EXPERIENCE *(List current or previous volunteer activities you have been involved with)*

Name of Organization	Date(s)	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>	Language(s) Spoken
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SKILLS, TRAININGS, HOBBIES

EDUCATION <i>(highest degree completed)</i>	Name of School/College
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EMPLOYMENT STATUS
 Employed Full-Time
 Employed Part-Time
 Retired
 Not Employed
 Other:

WORK EXPERIENCE *(List your last three employers starting with the most recent)*

1. Employer	Position/Title
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Job Duties

2. Employer	Position/Title
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Job Duties

3. Employer	Position/Title
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Job Duties

REFERENCES AND BACKGROUND

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

Name	Phone	Relationship to you
1.		
2.		
3.		

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

If Yes, please explain: _____

ACKNOWLEDGEMENT & AUTHORIZATION

Please read carefully before signing:

In consideration for being accepted as a volunteer by Miami Lighthouse, I understand and agree to the following:

- 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.
- 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.
- Nothing in this volunteer application, in the agency's statement of personnel policies or in my communication with any Miami Lighthouse employee is intended to create an employment contract between Miami Lighthouse and me.
- My volunteer services can be modified or terminated for any reason, at any time, with or without notice or cause, and Miami Lighthouse may, in its sole discretion, decline to accept my application for volunteer.
- My service as a volunteer is strictly voluntary and I understand that I will not be paid or receive any compensation for my time and/or services.
- I assume the risk and responsibility for any and all claims, legal actions and cause resulting from injury to myself or others, as well as property damage, which is caused by my negligence or my intentional acts.
- I hereby release Miami Lighthouse, and its respective agents, representatives, officers, directors, employees, and volunteers from any and all liability whatsoever arising out of any damage, loss or injury to me or my property incurred as the result of my volunteer activities. My estate shall hold harmless Miami Lighthouse and its respective agents, representatives, officers, directors, employees and volunteers from any claims or actions by my relatives or legal representatives based on my death or injury as a result of my volunteer services.
- In the course of volunteering, I may have access to confidential information and I agree to keep such information in the strictest confidence. Information obtained through my activities as a volunteer may be considered privileged or proprietary information of Miami Lighthouse. In particular, I agree to make no statements or release any information about Miami Lighthouse to any news media except as expressly authorized by Miami Lighthouse officials.
- I will abide by all rules, policies and procedures of Miami Lighthouse.
- Depending upon 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 I may be responsible for the cost of the background check. I also understand that if I refuse to perform this background check it will result in me not being further considered for volunteer services at Miami Lighthouse. Miami Lighthouse reserves the right to make a decision in its sole discretion regarding volunteer services based on the information obtained from the background check.
- **Photo/Video/Media Consent:** Miami Lighthouse and/or others may take photographs and/or videos of the staff, clients, guests and volunteers for publications and/or broadcast in various media.

Please indicate below your preference:

I hereby consent and authorize my picture and/or video to be taken and used for any publicity and/or outreach materials to include video, print, Internet, website, radio, television, brochures, magazines, newspaper and any other media. I further consent for my name to be used in connection with the pictures and/or videos. I hereby identify and hold harmless Miami Lighthouse, their staff, Board Directors, service providers, agents and affiliates, against any and all claims or damages arising out of taking or the use of my pictures, videos and/or name. This authorization involves no financial consideration to either party. Any and all pictures and/or videos shall be the sole property of Miami Lighthouse for the Blind.

I do not consent and authorize for my picture to be taken and used for any purposes.

I hereby acknowledge that I have read, understand, and agree to all of the statements above.

Signature of Applicant: _____ **Date:** _____

For applicants under 18 years of age

Parent/Guardian Name: _____

Signature: _____ **Date:** _____

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