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VOLUNTEER APPLICATION

www.lvib.org
volunteer@lvib.org

Instructions: Please print, fill out and sign this application then fax it, send it in or drop it off at one of our Lighthouse locations. We'll contact you by phone, set up an appointment if required and provide you with more information. Group volunteer opportunities can be arranged. Please ask us for details.

Name: _____ Phone: _____

Email Address: _____ Cell No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____

Driver's License No.: _____

Occupation: _____ Work No.: _____

May we contact you at work? Yes No

How do you prefer to be contacted? _____

Date of birth (must be 18 years or older or have parental consent) _____

In Case of Emergency

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Education/Training/Skills

Highest Grade Completed: _____

Special Training/Skills: _____

Interests/Hobbies: _____

Do you have experience working with people who are visually impaired? Yes No

If yes, please describe: _____

Do you know Braille? Grade 1 or 2? Grade 1 Braille Grade 2 Braille

Previous Volunteer Experience

Organization	Contact Name/Phone	Activity	Start & Finish Dates

VOLUNTEER APPLICATION – continued

Volunteering at Lighthouse

Where did you hear about Lighthouse? _____

Reason for choosing volunteer work at Lighthouse: _____

In what areas are you able to volunteer your services at Lighthouse? (You may check more than one and list any special interests you may have):

- Board Member Committee Member Phone Fundraiser
 Cleaner Driver Professional Writer
 Clerical/Admin Event Hand Gardener
 Other: _____

If you have a valid driver’s license, are you able to assist with picking up donations? Yes No

Time / Availability*	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Night							

Would you like to receive our free newsletter to stay up-to-date on activities at Lighthouse? Yes No

Criminal Background Check

HAVE YOU EVER BEEN CONVICTED OR HAD ADJUDICATION HELD IN A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION, OR ARE THERE ANY CRIMINAL CHARGES NOW PENDING AGAINST YOU? Yes No

I HEREBY GIVE PERMISSION FOR THE RELEASE OF INFORMATION CONCERNING ANY CRIMINAL RECORDS TO THE LIGHTHOUSE FOR THE VISUALLY IMPAIRED AND BLIND BY THE FLORIDA DEPARTMENT OF LAW ENFORCEMENT.

Signature**If under 18, parental/guardian consent****Date**

References in addition to Volunteer References given above:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Thank you for taking the time to submit this application. If you become a volunteer at Lighthouse, you will be asked to produce a valid driver’s license or identification card. You will be asked to sign a statement of confidentiality and provide your emergency medical information. Drivers will be asked to do the same, plus drivers must have a valid driver’s license, carry proof of insurance, and complete a medical release form/ be cleared for driving.