



Volunteer Application Form

Personal Information (PLEASE PRINT):

Last Name: _____ First Name: _____ MI: _____ Male: ___ Female: ___

Address: _____ Date: _____

City: _____ State: _____ Zip: _____

Day Phone: ____ - ____ - ____ Evening Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Email: _____ Are you a past volunteer at STANO? _____

DOB (Month/Day/Year): _____ Age _____ (Applicants must be 12 years of age or older)

Do you consider yourself: Native American Asian Pacific Islander Other
(circle one) African-American White Hispanic Mixed Race

(Completion of ethnicity is voluntary and will not be used in selection decision)

Do you speak a language other than English? If so which? _____

How did you learn about volunteering for STANO? _____

Are you volunteering to earn hours towards a grant or scholarships for education? _____

Have you been charged or convicted of a crime? (Conviction will not necessarily disqualify an applicant from volunteering)

Yes No

If yes, please explain: _____

Please list two (2) people below, that may be interested in Volunteering with The STANO Foundation: (Not Required)

Name	Phone	Email

I understand that I am applying for a position as an unpaid volunteer at The STANO Foundation. As such, I agree to follow all guidelines and policies set forth, and will, to the best of my ability, uphold the mission of The STANO Foundation. I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application to become a volunteer as may be necessary in arriving at a decision. I understand that there is a minimum time commitment for volunteering at The STANO Foundation. This commitment is based on the department for which volunteer works. By signing this document, I allow The STANO Foundation to perform a pre-volunteer background screen. The screening process may consist of criminal background checks and/or inquiries into State licensing authorities. I understand that misrepresentations, omissions of fact, false, incomplete or misleading information given in my application, resume or interview(s) may remove me from further consideration for volunteering.

PARENT PORTION: I have read and understand this application and I give my child permission to be a volunteer at The STANO Foundation. I accept full responsibility for my child's participation in the program.

Volunteer Signature

Parent/Guardian Signature (if under 18)

Director of Volunteer Coordination: Alex Velez
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