

LIBERTY YOUTH RANCH UPSCALE SHOP 27870 OLD 41 ROAD BONITA SPRINGS, FL 34135 PHONE: (239) 947-7467

FAX: (239) 992 - 3070 Shop@LibertyYouthRanch.org

LYR UPSCALE SHOP VOLUNTEER APPLICATION

REFERRAL SOURC	E:	Advertisement		Friend		Relative		Walk-in	
		_						_	
VOLUNTEER INFOR	MATION: (_ Church		_ LYR Emp	ployee/V	olunteer		_ Other	
VOLUNTEER INFOR	IMATION. (piease pririt)							
NAME:	(Last)		(First)				(Middle)		
ADDRESS:			(1 1131)				(Middle)		
	(Street)		(City)		(Sta	ite)	(Zi	ip Code)	
TELEPHONE #:	()		CELL P	HONE #:	()			
E-MAIL ADDRESS:									
ARE YOU A SEASO	NAL RESID	DENT? YES		٧٥	•				
IF YES, LIST DATES	YOU ARE	IN FLORIDA:							
ARE YOU CURRENTLY VOLUNTEERING SOMEWHERE ELSE? YES NO									
ARE YOU CURRENT	TLY EMPLO	OYED? YES		No	_				
IF YES, PRESENT EMPLOYER & OCCUPATION									
IF NO, PREVIOUS OCCUPATION:									
PLEASE BRIEFLY TELL US WHY YOU WOULD LIKE TO BE A VOLUNTEER AT THE LIBERTY YOUTH RANCH UPSCALE SHOP:									
WHAT ARE YOUR SPECIAL INTERESTS, HOBBIES, SKILLS, ETC.?									

WHAT TYPE OF VOLUNTEER WO	TO DO?	adesmen & Maintenance:						
Floor Sales: Cashier:	Data Entry:	Open & Close Shop:	Accounting:					
Pricing: Interior Design /	Showroom Display:	Acquisitions:	Pickup/Delivery Helper:					
DO YOU HAVE SPECIFIC DAYS AND/OR HOURS DURING THE WEEK THAT YOU WOULD PREFER TO VOLUNTEER? IF SO, PLEASE EXPLAIN:								
HOW MANY HOURS A WEEK WO	ULD YOU LIKE TO VOL	UNTEER?						
DO YOU HAVE ANY PHYSICAL LIMITATIONS YOU WISH US TO CONSIDER WHEN PLACING YOU?								
STATE ANY ADDITIONAL EDUCATION, WORK EXPERIENCE, OR SKILLS YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR PLACEMENT AS A VOLUNTEER:								
PLEASE LIST ALL LANGUAGES YOU SPEAK, READ, AND/OR WRITE:								
CAN YOU DRIVE IF REQUIRED? IF SO, YOUR FL LICENSE #:								
OUT-OF-STATE LICENSE #:								
HAVE YOU EVER BEEN ARRESTED FOR A FELONY OR MISDEMEANOR? YES NO IF YES, GIVE DETAILS & DATE(S):								
REFERENCES: GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF AT LEAST THREE CHARACTER REFERENCES WHO ARE NOT RELATED TO YOU:								
NAME	ADDRESS, C	ITY AND STATE	DAYTIME PHONE NUMBER					
CONDITIONS OF VOLUNTEERING	<u> </u>							
I AUTHORIZE THE REFERENCES LISTED TO GIVE YOU ANY AND ALL PERTINENT INFORMATION THEY MAY HAVE AND RELEASE ALL PARTIES FROM ANY LIABILITY CONCERNING THE INFORMATION THEY RELEASE. I HEREBY CERTIFY THAT THE INFORMATION LISTED ON THIS APPLICATION IS TRUE AND CORRECT. I UNDERSTAND THAT IF ANY FLASE, INCOMPLETE OR MISLEADING INFORMATION IS GIVEN BY ME ON THIS APPLICATION, I WILL BE DISQUALIFIED FOR PLACEMENT AS A VOLUNTEER. ALSO, IF SUCH FALSIFICATION ON THIS APPLICATION IS DISCOVERED ONCE I AM PLACED IN A VOLUNTEER POSITION, I UNDERSTAND IT WILL CONSTITUTE GROUNDS FOR MY SERVICES TO BE TERMINATED. I, THE UNDERSIGNED, HEREBY RELEASE AND HOLD HARMLESS THE LIBERTY YOUTH RANCH, ITS OFFICERS, EMPLOYEES, VOLUNTEERS AND SUPERVISORS FROM ANY AND ALL LIABILITY FOR MISHAP OR INJURY IN THE PERFORMANCE OF ANY DUTIES THAT I MIGHT PERFORM. I ASSUME ALL RISKS INCIDENT THEREOF WITH RESPECT TO MYSELF.								
(Date)		(Volunteer Applic	ant Signature)					