



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 SOURCE:

_____ Advertisement _____ Friend _____ Relative _____ Walk-in
_____ Church _____ Lyr Employee/Volunteer _____ Other

VOLUNTEER INFORMATION: (please print)

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip Code)

TELEPHONE #: () _____ **CELL PHONE #:** () _____

E-MAIL ADDRESS: _____

ARE YOU A SEASONAL RESIDENT? YES _____ NO _____

IF YES, LIST DATES YOU ARE IN FLORIDA: _____

ARE YOU CURRENTLY VOLUNTEERING SOMEWHERE ELSE? YES _____ NO _____

IF YES, WHERE? _____

ARE YOU CURRENTLY EMPLOYED? 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 WORK WOULD YOU LIKE TO DO?

Tradesmen & 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 WOULD YOU LIKE TO VOLUNTEER? _____

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, CITY AND STATE	DAYTIME PHONE NUMBER

CONDITIONS OF VOLUNTEERING:

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 FALSE, 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 Applicant Signature)